

Small and Medium Rotator Cuff Repair Protocol

Individual patient circumstances may affect the guideline (tear configuration, fixation used, associated procedures, etc.)

Time	Goals	Precautions/Restrictions	Treatment
Weeks 0 – 4	<ul style="list-style-type: none"> • Protect surgical site • Limit post-op pain • Decrease muscular inhibition • Passive flexion to 90° 	<ul style="list-style-type: none"> • Sling at all times • Consider sleeping in recliner • PROM only • Avoid ER ROM if subscapularis was repaired • Avoid AROM elbow flexion with biceps tenodesis 	<ul style="list-style-type: none"> • PRICE <ul style="list-style-type: none"> ○ Cryotherapy: 5-7 times per day • Pendulum exercises • AROM: elbow, wrist and hand • PROM: shoulder • Scapular exercises: shrugs, depression, retraction, and protraction • Modalities: e-stim, heat, ice as needed • Cardio: walking, stationary or recumbent bike with sling
Weeks 4 – 8	<ul style="list-style-type: none"> • Protect surgical site • Passive forward elevation up to 90-120° • Passive ER in neutral to 20-30° 	<ul style="list-style-type: none"> • May discontinue sling at 6 weeks • May initiate ER ROM if subscapularis repair • Therapist guided AROM at 6 weeks • PROM or AAROM only 	<ul style="list-style-type: none"> • Progress PROM as tolerated • Modalities, Mobilizations as needed • Initiate AAROM with wand <ul style="list-style-type: none"> ○ Supine -> Standing • Wand or pulley for AAROM • Initiate therapist guided AROM at 6 weeks • Initiate isometric strengthening at neutral abduction at 6 weeks
Weeks 8 – 12	<ul style="list-style-type: none"> • Initiate light strengthening • Motion goals: <ul style="list-style-type: none"> ○ Passive forward elevation to 140° ○ Passive ER within 5-10° of contralateral limb ○ Active elevation to 120° 	<ul style="list-style-type: none"> • Avoid heavy lifting • Avoid pushing body weight • Avoid jogging 	<ul style="list-style-type: none"> • Continue AROM as tolerated • Continue isometric strengthening in neutral • Rotator cuff strengthening with bands in non-provocative positions at week 10 • Continue with scapular strengthening • AAROM exercises: pulley, cane forward elevation, wall walks or slides • Cardio: walking, stationary bike; avoid running, stairmaster, swimming
Weeks 12 – 16	<ul style="list-style-type: none"> • Restore AROM • Restore strength and endurance • Return to ADLs, work, and recreational activities 	<ul style="list-style-type: none"> • Avoid lifting heavy objects with long lever • Avoid sudden lifting, jerking, or pushing movements 	<ul style="list-style-type: none"> • Continue with ROM as tolerated • Progress open-chain strengthening to dumbbells <ul style="list-style-type: none"> ○ Overhead/Long-lever 1-2 pounds ○ Below shoulder height 5-10 pounds • May initiate shoulder perturbations or rhythmic stabilizations • Initiate closed-chain strengthening: <ul style="list-style-type: none"> ○ Wall pushups, progress to table top as tolerated ○ Serratus anterior push-ups ○ Serratus punches ○ Quadruped weight-shifting
Weeks 16+	<ul style="list-style-type: none"> • Continue to progress return to work or sport-specific training • Restore AROM 	<ul style="list-style-type: none"> • Avoid large increases in volume 	<ul style="list-style-type: none"> • Continue with end-range ROM or mobilizations • Continue progressive resistive exercises in various shoulder positions • Progress closed-chain strengthening • ARC program

This guideline is not meant to be prescriptive but a recommendation to the rehabilitation process. Progress may vary based on specifics of injury and procedure.