

Rotator Cuff Repair

Post-Operative Rehabilitation Protocol

A phase-by-phase guide to protecting your repair and safely returning to the activities you love.

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Patient: _____	Surgery date: _____	Operative side: R / L
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HOW TO USE THIS GUIDE

Your recovery moves through **five phases**. Progression is based on how your shoulder is healing and performing — **not just the calendar**. The week ranges below are typical guidelines; your surgeon and physical therapist may slow things down for larger tears or more delicate tissue, and their instructions always come first.

Circle the procedure(s) performed below. The matching addendum at the back of this packet adds extra restrictions on top of the base protocol. When two rules differ, **follow the more conservative one**.

PROCEDURE PERFORMED

Base procedure (circle one)

Rotator Cuff Repair Superior Capsular Reconstruction

If Rotator Cuff Repair — concomitant procedure(s) also performed (circle all that apply)

Subscapularis Repair Biceps Tenodesis Patch / Cuff Augmentation

YOUR RECOVERY AT A GLANCE

Phase	Typical timing	Focus	Sling?
1 · Protection	Weeks 0–2	Protect the repair; control pain and swelling	Yes — full time
2 · Early Passive Motion	Weeks 2–6	Therapist-guided passive motion; prevent stiffness	Yes — between exercises
3 · Active Motion	Weeks 6–12	Move the arm on your own; restore full motion	Wean off
4 · Strengthening	Weeks 12–20	Rebuild rotator cuff and shoulder-blade strength	No
5 · Return to Activity	Weeks 20–26+	Sport-specific training and full activity	No

A QUICK WORD ON HEALING

A repaired tendon takes **8–12 weeks to biologically attach to bone** and keeps maturing for a year. Current research shows that starting gentle motion early is safe for many small-to-medium tears, but **larger tears and lower-quality tissue still benefit from a more protected start** — your surgeon tailors the pace to what was found and repaired in your shoulder. Feeling good early does **not** mean the repair is strong yet — the most common cause of re-tear is doing too much, too soon.

PHASE 1

Maximum Protection

Protect the repair · calm pain and swelling · keep hand and elbow moving

WEEKS

0–2

GOALS

- Protect the surgical repair
- Control pain and swelling
- Keep blood moving in the hand and forearm
- Learn safe sling use and sleep positioning

DO NOT

- Move the shoulder actively (no lifting the arm on its own)
- Lift, push, or pull anything with the operative arm
- Remove the sling except for hygiene and prescribed exercises
- Drive

WHAT YOU'LL DO

- **Sling with abduction pillow at all times**, including sleep (many patients sleep best in a recliner early on)
- **Pendulum exercises** — lean forward, let the arm dangle, and make small gentle circles
- **Elbow, wrist, and hand motion** — bend/straighten the elbow, make a fist, squeeze a soft ball
- **Gentle shoulder-blade squeezes** (retraction/depression) without moving the arm
- **Physical therapy may begin gentle passive range of motion** in this phase if your surgeon indicates your repair can tolerate it — current evidence supports early passive motion as safe for most small-to-medium tears; larger or lower-quality repairs are often started more gradually
- **Ice 20 minutes at a time, every 2 hours while awake** — keep a cloth between ice and skin
- Take pain medication as prescribed; staying ahead of pain helps you do your exercises

READY FOR PHASE 2 WHEN...

- Incisions are healing well with no signs of infection
- Pain is controlled with oral medication
- You are safe and comfortable with sling wear and hygiene

PHASE 2

Early Protected (Passive) Motion

Someone or something else moves your arm — your muscles stay relaxed

WEEKS
2–6

Passive motion means your therapist, your other arm, or a pulley moves the shoulder while its muscles stay switched off. This prevents stiffness without stressing the repair.

GOALS

- Begin gentle passive range of motion
- Prevent scar tissue and stiffness
- Continue pain and swelling control
- Maintain shoulder-blade control

DO NOT

- Actively raise the arm
- Lift, push, pull, or carry with the operative arm
- Bear weight through the arm (no pushing up from chairs)
- Reach behind your back

Passive motion targets by end of week 6	Goal
Forward elevation (arm raised in front, slightly out to the side)	Up to 120°
External rotation (forearm rotating outward, elbow at side)	Up to 30°
Internal rotation behind the back	Not yet

WHAT YOU'LL DO

- **Continue the sling** between exercise sessions
- **The abduction pillow, if you were given one, can typically be discontinued around week 4** (the sling continues) — **except after Superior Capsular Reconstruction (Addendum D)**, where the pillow stays on for the full 6 weeks
- **Supine passive forward elevation** — lying on your back, the other arm (or a pulley/table slide) lifts the operative arm
- **Supine passive external rotation** with a dowel or cane
- **Pendulums** with a gradually larger arc
- **Shoulder-blade exercises** — squeezes, shrugs, gentle protraction
- Continue elbow, wrist, and hand motion
- **Cardio you can resume:** walking; stationary bike once incisions are healed (no arm use)

READY FOR PHASE 3 WHEN...

- Pain is minimal at rest and during passive motion
- Passive motion targets above are met
- Your surgeon confirms the repair is ready for active motion (typically the 6-week visit)

PHASE 3

Active Motion

Your own muscles start doing the work — smoothly, without shrugging or hiking

WEEKS

6–12

GOALS

- Restore full active range of motion
- Re-train normal shoulder mechanics (no shrug-and-hike patterns)
- Wean out of the sling (usually complete by week 6–8)
- Begin gentle muscle activation

DO NOT

- Lift anything heavier than about 5 lb (a full coffee mug is roughly 1 lb)
- Do sudden, jerky, or overhead lifting
- Combine reaching out to the side with rotating outward under load (the 'throwing' position)
- Push through sharp pain — mild stretch discomfort is OK, sharp pain is not

Motion progression this phase	Goal
Active forward elevation (lying down, then inclined, then standing)	Progress to full
Active external/internal rotation with the elbow at your side	Progress to full
Reaching hand behind the back (functional internal rotation)	Begin gently, progress slowly
External rotation with arm out at 90° (passive only)	Up to 60°

WHAT YOU'LL DO

- **Active-assisted, then active forward elevation** — start lying down with a bent elbow (short lever), progress to upright with a straight arm
- **Side-lying external rotation** without weight
- **Shoulder-blade strengthening** — prone rows, prone horizontal abduction to neutral, prone extension with a squeeze
- **Gentle rotator cuff isometrics** — pushing against a wall or your other hand without the arm moving, pain-free
- **Cardio:** walking, stationary bike, elliptical without using the arms; lower-body weight training is fine

READY FOR PHASE 4 WHEN...

- You can raise the arm against gravity through the same range it moves passively
- Motion is smooth, with little to no pain and no shrugging/substitution
- Shoulder-blade control is solid

PHASE 4

Progressive Strengthening

The repair is attached — now we rebuild the muscle around it

WEEKS
12–20

GOALS

- Rebuild rotator cuff and shoulder-blade strength
- Improve dynamic stability and endurance
- Return to most daily activities without thinking about the shoulder

DO NOT

- Load heavy weights overhead
- Start plyometrics (throwing, ball slams) before building a strength base
- Increase resistance faster than pain-free tolerance allows

WHAT YOU'LL DO

- **Rotator cuff strengthening** — external/internal rotation with a resistance band or light dumbbell
- **Deltoid work** — forward elevation and 'scaption' raises with light resistance
- **Shoulder-blade strengthening** — rows, serratus punches, lower-trapezius exercises
- **Closed-chain work** — wall push-ups and table leans, progressing gradually
- **Core and lower-body conditioning** throughout
- **Cardio:** elliptical with arms; freestyle swimming may begin once strength is near normal

READY FOR PHASE 5 WHEN...

- Full, pain-free active motion
- Rotator cuff strength at least ~70% of the other side on testing
- No pain with resisted strength testing

PHASE 5

Return to Activity & Sport

Sport-specific training, work simulation, and full clearance

WEEKS
20–26+

GOALS

- Full return to work, sport, and recreation
- Confidence in the shoulder under real-world demands

KEEP IN MIND

- Sport-specific training should be supervised
- Overhead athletes follow a gradual interval throwing/serving program
- No contact sports before 6 months and surgeon clearance

WHAT YOU'LL DO

- **Advanced strengthening** — overhead press and bench press, light and progressive
- **Plyometrics** for overhead athletes — ball tosses, deceleration drills
- **Sport-specific drills** — golf swing, tennis serve, interval throwing program as applicable
- **Work simulation** for heavy or repetitive occupations

Typical return-to-activity timelines	Goal
Golf, swimming, and other low-demand sports	4–6 months
Overhead and contact sports (with clearance)	6–9 months
Full unrestricted activity	6–9 months

CALL THE OFFICE RIGHT AWAY IF YOU NOTICE

- Fever over 101.5°F, or spreading redness, warmth, or drainage at the incisions
- Calf pain or swelling, chest pain, or shortness of breath (call 911 for chest pain/breathing trouble)
- Sudden loss of motion, a pop with new weakness, or pain not controlled by medication
- New numbness, tingling, or color change in the hand

ADDITIONAL PROCEDURES

If Your Surgery Included More Than a Cuff Repair

These addenda **modify** — they do not replace — the base protocol for procedures circled on page 1; the stricter rule wins where they differ. **Superior Capsular Reconstruction (D)** is a different base procedure — if circled, follow it instead of Phases 1–5.

ADDENDUM A | ADDITIONAL PROCEDURE

Concomitant Subscapularis Repair

When a subscapularis tear is repaired along with the supraspinatus/infraspinatus, protecting the front-of-shoulder repair means limiting outward rotation and reaching behind the body early on.

Weeks 0–6 — extra rules

- **No hand behind the back** — no tucking in a shirt, reaching a back pocket, or fastening a bra behind you
- **Passive external rotation limited to 20–30°** at the side (20° if tissue was delicate or needed extensive mobilization); no active internal rotation, no reaching behind the body

Weeks 6–20

- **Weeks 6–12:** gentle hand-toward-back motion may begin (tailbone only at first); ER at 90° limited to 45–60°; no resisted internal rotation or weight-bearing through the arm yet
- **Weeks 12–20:** resisted internal rotation begins at week 12 with light bands; belly-press and lift-off at weeks 14–16, light resistance only; continue to avoid heavy pushing

Weeks 20+

- Bench press/push-ups progress from week 20 with clearance; contact sports and heavy labor may be delayed to 7–9 months, pending subscapularis-specific strength (belly-press, bear-hug, lift-off) of ≥70% of the other side

ADDENDUM B | ADDITIONAL PROCEDURE

Concomitant Biceps Tenodesis

The long head of the biceps was detached from inside the joint and re-anchored to the upper arm bone. The new attachment needs protection from biceps contraction — no resisted elbow bending or forceful palm-up twisting early on.

Weeks 0–6 — extra rules

- **No elbow bending against resistance and no forceful palm-up rotation** (supination) — no hard doorknob twists, wringing towels, or screwdriver use
- **Carry nothing in the operative hand** for the first 6 weeks; soreness/bruising in the upper arm is normal

Weeks 6–20

- **Weeks 6–12:** light hand/elbow use resumes (objects under ~2–3 lb); no biceps strengthening until week 8–12, then isometrics first; avoid sudden pulls and yanks
- **Weeks 12–20:** progressive biceps strengthening — light curls and resisted supination; avoid maximal-effort loading (heavy curls, chin-ups) until week 16–20

Weeks 20+

- Unrestricted biceps loading typically by 4–6 months with clearance; a 'Popeye'-type change is uncommon after tenodesis, but report any sudden pop or new arm deformity

ADDENDUM C | ADDITIONAL PROCEDURE

Patch / Cuff Augmentation

A graft patch (dermal allograft or bioinductive collagen implant) reinforces the repair — a scaffold your tissue grows into over months. Larger or thinner-tissue tears, more than the patch itself, usually set the slower pace below.

Key changes to the base protocol

- **Sling for a full 6 weeks** (not weaning earlier), PROM capped at ~90–100° elevation / 20–30° ER for 4–6 weeks, active motion at ~week 8, resisted work at weeks 12–16 — return to sport usually 6–9+ months (small, good-quality tears may follow the standard timeline)

Superior Capsular Reconstruction (SCR)

A graft was used to rebuild the roof of the shoulder joint because the cuff tear was too large or retracted for a standard repair. The graft heals to bone on both ends — this is the most protective pathway in this packet, and it replaces the base Phases 1–5 rather than adding to them.

Weeks 0–6 — maximum protection

- **Sling with abduction pillow continuously for 6 weeks**
- First 2–4 weeks: pendulums plus elbow/wrist/hand motion only, unless your surgeon starts gentle passive motion sooner
- Passive motion, once started: forward elevation to 90–120°, external rotation to 30° at the side
- **No internal rotation behind the back and no reaching across the body** (cross-body adduction and extension stress the graft); no active shoulder motion, lifting, pushing, or pulling of any kind

Weeks 6–12

- Progress passive motion toward full; begin active-assisted, then active elevation around week 8
- Emphasis on deltoid and shoulder-blade re-training — these muscles do extra work after SCR
- Still no resisted rotator cuff work; keep everyday lifting under ~2–3 lb

Weeks 12–24

- Begin gradual strengthening around weeks 12–16: isometrics, then bands, then light weights — limited to **3–4 sessions per week** to avoid irritating the healing tissue
- **Balanced subscapularis and teres minor strengthening is the priority** — these muscles create the force couple that substitutes for the torn cuff; isolated supraspinatus-style strengthening is avoided
- Closed-chain and overhead loading are added late and cautiously; expect strength gains to come more slowly than after a standard repair — that's normal

Return to activity

- Light recreation (walking golf holes, easy swimming): typically 6–9 months
- Heavy labor, overhead, or contact sports: typically 9–12 months, and only with strength criteria met and surgeon clearance
- This is a joint-sparing salvage procedure — the realistic goal is a stable, functional, pain-improved shoulder, not necessarily a shoulder with completely normal strength and motion

QUESTIONS ALONG THE WAY?

Bring this packet to every physical therapy visit and follow-up appointment. Your therapist can note your measured motion and strength in the margins so everyone stays on the same page.

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This protocol is a general guideline based on current evidence and criterion-based rehabilitation principles. It does not replace individualized medical advice; the instructions of your surgeon and physical therapist always take precedence.