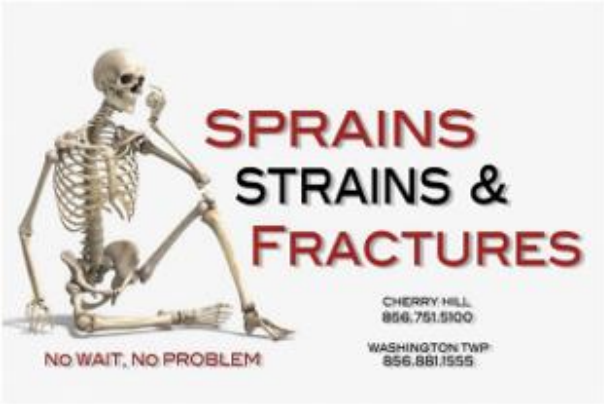


Elizabeth Ford, DO
Orthopedic Sports Medicine Specialist
2090 Springdale Rd. Suite C
Cherry Hill, NJ 08003
(856)751-5100

556 Egg Harbor Rd. Suite C
Sewell, NJ 08080
(856)881-1555

Rotator Cuff Repair Rehabilitation Protocol

Introduction

This rehabilitation protocol is designed for patients recovering from surgical repair of a small rotator cuff tear.

The rotator cuff is a group of four muscles and tendons that stabilize the shoulder and allow coordinated arm movement during lifting, reaching, throwing, pushing, and overhead activity. Rotator cuff tears may occur from acute injury, repetitive overhead activity, degeneration, or a combination of these factors.

The goals of rotator cuff repair surgery are to:

- Restore tendon attachment to bone
- Reduce pain and inflammation
- Improve shoulder strength and stability
- Restore functional movement
- Improve quality of life and activity tolerance

Healing of the repaired tendon into bone is a gradual biological process that continues for several months after surgery. Although many patients begin feeling better early in recovery, premature loading or aggressive progression may compromise tendon healing.

This protocol follows a conservative, criterion-based progression designed to protect the repair while gradually restoring mobility, strength, dynamic shoulder control, and long-term function.

Progression should always be individualized based on:

- Tear size and tissue quality
- Surgical fixation technique
- Pain and inflammatory response
- Strength progression
- Occupational and recreational demands

Communication between the patient, physical therapist, athletic trainer, and Dr. Ford is strongly encouraged throughout recovery.

Understanding Rotator Cuff Tears

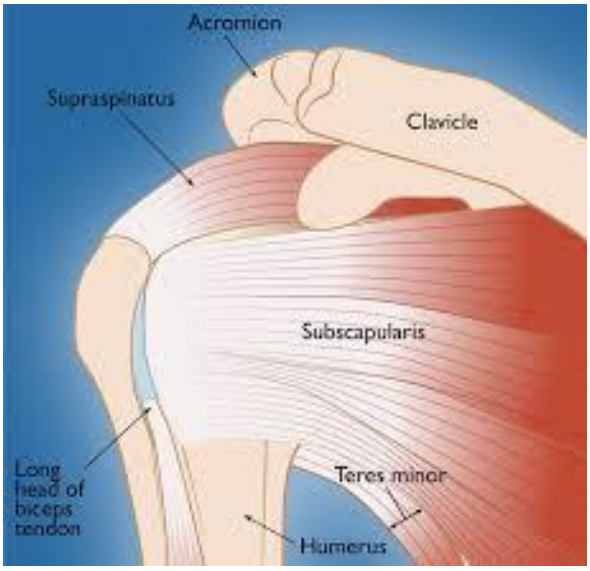
What Does the Rotator Cuff Do?

The rotator cuff consists of four muscles and tendons:

- Supraspinatus
- Infraspinatus
- Teres minor
- Subscapularis

These structures help:

- Stabilize the shoulder joint
- Control arm movement
- Assist with lifting and reaching
- Generate rotational strength



Common Symptoms of Rotator Cuff Tears

Patients commonly experience:

- Pain with lifting or overhead activity
- Weakness
- Night pain
- Difficulty reaching
- Pain with throwing or sports
- Fatigue during repetitive activity



Why Early Protection Matters

Following repair, the tendon must biologically heal back into bone. During the early postoperative period, the repair site is vulnerable to excessive tension and overload.

The rehabilitation process must balance:

- Protection of healing tissue
- Prevention of stiffness
- Gradual restoration of mobility
- Progressive strengthening and movement control

General Rehabilitation Principles

Early Priorities

- Protect tendon healing
- Control pain and inflammation
- Restore safe passive mobility
- Prevent stiffness
- Maintain scapular control
- Avoid excessive strain on the repair

Long-Term Priorities

- Restore shoulder mobility
- Rebuild rotator cuff strength and endurance
- Improve scapular mechanics
- Restore dynamic shoulder stability
- Safely return to work, lifting, and sport

Postoperative Expectations

Common Early Symptoms

The following are common during early recovery:

- Shoulder soreness and tightness
- Sleep discomfort
- Swelling and bruising
- Temporary weakness
- Fatigue with arm positioning
- Mild discomfort during therapy

Contact Your Surgeon If You Experience

- Fever greater than 101°F
- Increasing redness or drainage
- Progressive swelling
- Severe uncontrolled pain
- Sudden loss of shoulder function
- Numbness or weakness

- Shortness of breath or calf pain

Rehabilitation Timeline Overview

Phase	Timeline	Primary Goals
Phase I	Weeks 0-2	Protection, pain control, passive mobility
Phase II	Weeks 2-6	Protected mobility and early activation
Phase III	Weeks 7-14	Strength restoration and neuromuscular control
Phase IV	Weeks 15-22	Advanced strengthening and functional progression
Phase V	Months 6-9	Return to activity and sport

Important Early Precautions

During the early recovery period:

- No lifting with operative arm
- No active shoulder elevation initially
- Avoid sudden shoulder movements
- Avoid excessive stretching
- Avoid supporting body weight through the arm
- Avoid forceful reaching behind the body

Protection of the tendon repair is critical during the first several weeks following surgery.

PHASE I — PROTECTION & PASSIVE MOBILITY

Weeks 0-2

Goals

- Protect rotator cuff repair
- Control pain and inflammation
- Restore protected passive mobility
- Prevent stiffness

- Maintain elbow, wrist, and hand mobility
- Initiate scapular activation

Sling Use

- Sling (with or without abduction pillow) worn most of the time for 4-6 weeks
- Sleep in sling during this phase
- Remove sling only for exercises and hygiene

Precautions

- No active shoulder motion
- No lifting or carrying
- No sudden movements
- Avoid shoulder hyperextension
- Avoid excessive external rotation

Recommended Interventions

Mobility

- Pendulum exercises
- Supine passive forward elevation
- Supine external rotation within protected limits
- Elbow, wrist, and hand ROM

Scapular Activation

- Scapular retraction drills
- Gentle shoulder shrugs
- Postural awareness training

Pain & Swelling Management

- Cryotherapy
- Sleep positioning strategies
- Activity modification education

Movement Quality Focus

- Maintain relaxed shoulder posture
- Avoid compensatory shoulder hiking
- Emphasize controlled passive movement
-

Criteria to Progress

- Pain controlled
- Incisions healing appropriately
- Tolerates passive ROM program
- Minimal inflammatory response
- Good compliance with precautions

PHASE II — PROTECTED MOBILITY & EARLY ACTIVATION

Weeks 2-6

Goals

- Continue protecting repair
- Gradually restore passive ROM
- Initiate controlled active-assisted movement
- Improve scapular stability
- Restore dynamic shoulder control

Precautions

- No aggressive stretching
- No heavy lifting
- Avoid painful movement patterns
- Avoid sudden loading

Recommended Interventions

Mobility

- Progressive passive ROM
- Active-assisted ROM progression
- External/internal rotation progression in scapular plane
- Flexion progression within tolerance

Early Strengthening

- Submaximal pain-free isometrics
- Rhythmic stabilization drills
- Scapular isometrics
- Light rotator cuff activation

Neuromuscular Training

- Dynamic stabilization drills
- Rhythmic stabilization at varying angles
- Scapulothoracic control drills

Functional Activity

- Light desk work as tolerated
- Controlled daily activities below shoulder height
- Driving once cleared and no longer using sling/pain medication

Movement Quality Focus

- Avoid upper trapezius dominance
- Restore proper scapulohumeral rhythm
- Emphasize smooth controlled motion

Criteria to Progress

- Full or near full passive ROM
- Minimal pain with exercises
- Appropriate scapular mechanics
- Tolerates early strengthening without flare-up
- Improved shoulder control

PHASE III — STRENGTH RESTORATION & NEUROMUSCULAR CONTROL

Weeks 7-14

Goals

- You can discontinue wearing your sling after 6 weeks
- Restore active ROM
- Improve rotator cuff endurance and strength
- Restore dynamic shoulder stability
- Improve functional movement quality
- Gradually return to daily functional activity

Recommended Interventions

Strengthening

- ER/IR tubing progression
- Side-lying external rotation
- Full-can progression
- Prone row progression
- Prone extension
- Prone horizontal abduction
- Biceps and triceps strengthening

Neuromuscular Training

- Dynamic stabilization drills
- Rhythmic stabilization
- Closed-chain shoulder control
- Reactive scapular stabilization

Functional Strength

- Controlled reaching progression
- Light lifting progression
- Multi-planar movement training
- Functional endurance drills

Movement Quality Focus

- Avoid shoulder hiking
- Maintain rotator cuff control during elevation
- Emphasize scapular positioning
- Restore smooth movement mechanics

Cardiovascular & Athletic Conditioning

- Walking and bike progression
- Lower body strength training
- Core stabilization progression
- Light functional activities as tolerated

Criteria to Progress

- Full active ROM with good mechanics
- Improved strength and endurance
- Minimal pain with strengthening
- Good scapular control
- No reactive inflammation

PHASE IV — ADVANCED STRENGTH & FUNCTIONAL PERFORMANCE

Weeks 15-22

Goals

- Improve muscular strength and endurance
- Enhance dynamic shoulder control
- Restore higher-level functional activity
- Prepare for recreational and athletic progression

Recommended Interventions

Strength Progression

- Progressive rotator cuff strengthening
- Functional pressing and pulling patterns
- Closed-chain stabilization drills
- Multi-planar strengthening progression
- Advanced scapular endurance training

Athletic & Recreational Preparation

- Interval golf progression
- Tennis progression if appropriate
- Swimming progression
- Sport-specific movement preparation

Functional Training

- Carry progression
- Light overhead activity progression
- Occupational task simulation
- Endurance circuit training

Weight Training Considerations

Patients returning to weight training should avoid:

- Heavy overhead pressing

- Sudden explosive lifting
- Aggressive behind-the-neck exercises
- Heavy eccentric loading early in recovery

Load progression should prioritize movement quality and tendon tolerance.

Criteria to Progress

- Full pain-free ROM
- Good shoulder endurance
- Appropriate strength progression
- Functional activity tolerance
- Good movement quality during loading

PHASE V — RETURN TO ACTIVITY & SPORT

Months 6-9

Goals

- Safely return to recreational and athletic activity
- Restore shoulder endurance and power
- Improve sport-specific movement quality
- Reduce reinjury risk

Advanced Training

- Progressive return-to-sport drills
- Advanced rotator cuff endurance training
- Plyometric progression if appropriate
- Throwing progression if indicated
- Functional strength maintenance

Return-to-Sport Considerations

Return to sport should be individualized based on:

- Tear size and healing
- Strength recovery
- Movement quality

- Endurance
- Sport demands
- Symptom response

Many patients continue improving strength and endurance for up to 9-12 months following surgery.

Physical Therapy Communication Notes

Please contact the surgical team regarding:

- Persistent stiffness
- Significant pain escalation
- Failure to progress ROM
- Excessive inflammation
- Concerns regarding repair integrity
- Persistent weakness
- Delayed functional recovery

Final Notes for Patients

Recovery after rotator cuff repair is a gradual process focused on protecting tendon healing while restoring shoulder function, strength, and endurance.

Although many patients begin feeling improved early after surgery, complete tendon healing and recovery of shoulder performance takes several months.

Long-term success depends on:

- Consistent physical therapy
- Rotator cuff and scapular strengthening
- Proper movement mechanics
- Gradual progression of activity
- Patience during the healing process

The rehabilitation process should prioritize tendon healing, movement quality, and long-term shoulder health rather than aggressive early strengthening.
