

Rotator Cuff Repair (Small / Partial-Thickness) Rehabilitation Protocol

Key Surgical Considerations

Small or partial-thickness rotator cuff repairs require early protection of the tendon-to-bone interface, gradual passive mobility, and controlled progression into active motion. Repair strain must be minimized during the first 6–8 weeks to protect healing integrity.

PHASE I — Immobilization & Passive ROM (0–4 Weeks)

- PROM only: FE 0–90° progressing to 120° by week 4.
- ER 0–20° (weeks 0–2), progress to 30–40°.
- Sling with abduction pillow full time except hygiene/therapy.
- No active shoulder motion.
- No lifting, pushing, or pulling.

Goal: protect repair and prevent stiffness.

PHASE II — AAROM Progression (4–8 Weeks)

- Begin AAROM: wand, pulleys (pain-free arc).
- Supine → incline → seated elevation progression.
- Light AROM (short arc) introduced gradually.
- Scapular control: serratus, retraction, posture drills.
- No resisted cuff strengthening.

Goal: restore controlled motion while protecting repair.

PHASE III — Initial Strengthening (8–12 Weeks)

- Theraband ER/IR at neutral (light).
- Side-lying ER (1–2 lbs).
- Standing ER/IR with towel roll.
- Scapular strengthening: rows, prone Y/T/W.
- Light deltoid strengthening: scaption < 2 lbs.

Goal: rebuild dynamic cuff and scapular strength.

PHASE IV — Advanced Strengthening (12–20 Weeks)

- Progressive resistance 2–5 lbs.
- Closed-chain stability: wall push-ups, quadruped shifts.
- Functional reach/lift patterns.
- Avoid heavy overhead strengthening early.

Goal: restore higher-level functional strength.

PHASE V — Return to Activity (20–26 Weeks)

- Overhead strengthening progression.
- Interval return-to-sport/work training.
- Plyometrics for athletes as tolerated.

Goal: full, pain-free function and safe return to activity.

Selected References

1. Millett PJ, et al. Rehabilitation following arthroscopic rotator cuff repair. J Orthop Sports Phys Ther. 2. Thigpen CA, et al. Return to activity after rotator cuff repair: evidence-based guidelines. Sports Health. 3. Parsons BO, et al. Early vs delayed ROM after rotator cuff repair: clinical outcomes. J Shoulder Elbow Surg. 4. Wilk KE, et al. Current concepts in rotator cuff rehabilitation. J Orthop Sports Phys Ther.

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