Shoulder Arthroscopy - Small / Medium Rotator Cuff Repair
Evidence-Based Rehabilitation Protocol

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Criteria-based rehabilitation following uncomplicated arthroscopic repair of a small to medium full-thickness rotator cuff tear. Earlier protected motion is generally appropriate when fixation and tissue quality are satisfactory.

Phase	Timing*	Goals / criteria	Rehabilitation focus / precautions
1. Protection / passive motion	0-2 weeks	Protect repair; control pain/inflammation; maintain elbow/wrist/hand ROM; begin protected passive shoulder motion.	**Sling:** full time except hygiene/exercises. PROM flexion/scaption generally to ~90-120° as tolerated; gentle ER at side to ~20-30°. Pendulums, scapular setting, distal ROM, cryotherapy. No active shoulder elevation, lifting, pushing, pulling, or supporting body weight through arm.
2. Protected ROM	2-4 weeks	Gradually improve passive ROM without pain or guarding; maintain repair protection.	Progress PROM/AAROM gradually; flexion toward ~120-140° and ER toward ~30-45° as tolerated. Continue sling outside exercises. Avoid aggressive stretching or active resisted cuff work.
3. Transition to active motion	4-6 weeks	Minimal pain; improving ROM; initiate controlled active motion without shrug compensation.	Wean sling around 4-6 weeks as directed. Begin AAROM -> AROM, wall slides, pulleys, light scapular work. Avoid heavy lifting and resisted cuff loading.
4. Restore ROM / initiate cuff strength	6-10 weeks	Near-full functional ROM; good scapulohumeral rhythm; no reactive pain.	Progress AROM and gentle end-range stretching. Begin light ER/IR resistance, rows, serratus, scaption, prone scapular work. Progress slowly; avoid painful loading.
5. Progressive strengthening	10-16 weeks	Full or near-full ROM; improving cuff strength/endurance; pain-free ADLs.	Progress bands/cables/free weights, closed-chain stability, push-up progression, rhythmic stabilization and functional strengthening. Emphasize cuff, scapular stabilizers and endurance.
6. Advanced function / sport	4-6+ months	Full pain-free ROM; strength/endurance ≥90% of contralateral side for high-demand activity; no pain with advanced tasks.	Advance overhead strength, plyometrics, throwing/serving progression, work simulation and sport-specific training. Return to heavy labor/overhead sport commonly around 5-6+ months when criteria are met.

*Timelines are guardrails. Progression should reflect tear size, tissue quality, repair tension, fixation, symptoms, ROM, strength, and functional demands. Surgeon-specific restrictions supersede this protocol.

Key Precautions

- **Sling:** generally 4 weeks, sometimes up to 6 weeks depending on repair quality and surgeon preference.
- **No active shoulder elevation early:** protect the repair from premature tensile loading during the biologic healing phase.
- **ROM:** early protected passive motion is appropriate for small/medium tears, but avoid forceful end-range stretching.
- **Strengthening:** delay meaningful resisted rotator cuff loading until approximately 6-8 weeks, then progress gradually.
- **Inflammation control:** use ice/cryotherapy and load modification; persistent night pain or next-day flare should prompt reduced intensity.

Suggested Return-to-Activity / Sport Criteria

• Full, pain-free shoulder ROM appropriate for desired activity.

• No pain with resisted cuff testing or repetitive overhead activity.

• ER and IR strength at least 90% of the uninvolved side for higher-demand sport/work, preferably by handheld or isokinetic dynamometry.

• Good scapular control without substitution during elevation, pressing and overhead tasks.

• Adequate cuff endurance for repeated ER/IR and sustained overhead positioning.

• Functional testing ≥90% symmetry when appropriate to the athlete or occupation.

• Successful graded return-to-throwing/overhead program for throwing athletes.

• Tolerance of full work/sport practice without symptom recurrence.

References / Evidence Base

1. American Academy of Orthopaedic Surgeons. Management of Rotator Cuff Injuries Clinical Practice Guideline. 2025.

2. Thigpen CA, et al. The American Society of Shoulder and Elbow Therapists' consensus statement on rehabilitation following arthroscopic rotator cuff repair. J Shoulder Elbow Surg. 2016.

3. Mazuquin BF, et al. Effectiveness of early versus delayed rehabilitation following rotator cuff repair: systematic review and meta-analysis.

4. Littlewood C, et al. Rehabilitation following rotator cuff repair: current concepts and evidence synthesis.

Clinical note: This protocol is intended as a general surgeon/PT framework. Repair configuration, tissue quality, concomitant biceps/labral procedures, revision status, and patient-specific factors may require modification.

Return to Work

Work level	Typical timing*
Desk / sedentary work	1-2 weeks
Light duty / no lifting with operative arm	4-8 weeks
Moderate lifting	3-4 months
Heavy labor or repetitive overhead work	Typically 5-6+ months and criteria-based

*Timelines are approximate and assume uncomplicated healing. Advancement to lifting, repetitive use, or overhead work should be based on pain-free ROM, adequate rotator cuff/scapular strength and endurance, safe task-specific mechanics, and the physical demands of the patient's job.