



Dr. Chad Zehms
Rotator Cuff Repair

Phase 1 – Protection & Initial ROM (0-6 weeks)

Goals for Phase 1

- Minimize pain and inflammation
- Protect integrity of the repair
- Initiate shoulder PROM
- Prevent muscular inhibition

Criteria for Progression to Phase 2

- Full PROM

Physical Therapy

- Initial physical therapy evaluation 2-3 days post-op
- Frequency of physical therapy 1-3x/week

Brace

- Patient will wear an abduction pillow and sling for 6 weeks post-op

Initial Post-Op Exercises

- Gentle pendulum exercises 2-3x/day out of sling
- Elbow/hand gripping and ROM exercises 4-6x/day
- Cryotherapy as needed

PROM

- No range of motion restrictions, progress as tolerated

Manual Therapy

- Joint mobilizations Grades I-II for pain control
- Soft tissue mobilization throughout shoulder complex as needed

Strengthening

- **Weeks 2-4:** Scapular and glenohumeral submax isometrics
- **Weeks 4-5:** Scapular strengthening including prone rows, prone extension, prone horizontal abduction, etc.

Modalities

- Use of cryotherapy as needed for pain/swelling control
- May use heat prior to ROM exercises or to assist with tightness in the shoulder



Phase 2 – AROM & Scapular Strengthening Progression (6-12 weeks)

Goals for Phase 2

- Minimize pain and inflammation
- Restore full shoulder AROM

Criteria for Progression to Phase 3

- Full AROM
- Pain free with all strengthening exercises
- Dynamic shoulder stability

Brace

- Patient may discontinue at 6 weeks post-op

PROM

- Continue as needed restoring full PROM

AAROM

- Progress with AAROM in all planes of motion

AROM

- Progress AROM in all directions without shoulder shrug sign

Manual Therapy

- Joint mobilizations Grades III-IV to restore full range of motion

Strengthening

- Rhythmic stabilization exercises
- Isotonic strengthening
- Initiate light functional exercises
- Progress with range of motion and load as appropriate

Modalities

- Use of cryotherapy as needed for pain/swelling control
- May use heat prior to ROM exercises or to assist with tightness in the shoulder



Phase 3 - Shoulder Strengthening (12-24 weeks)

Goals for Phase 3

- Maintain full shoulder PROM and AROM
- Improve shoulder, scapular, and total arm strength
- Improve neurodynamic stabilization of the shoulder
- No shoulder shrug sign with strengthening exercises

Criteria for Progression to Phase 4

- Maintenance of full pain-free ROM
- Functional use of upper extremity
- Full muscular strength and power

PROM/AROM

- Continue range of motion exercises as needed to maintain full range of motion in all planes

Manual Therapy

- Continue joint mobilizations Grades I-IV as needed

Strengthening

- Initiate work hardening at 12 weeks if patient is appropriate
- Progress strengthening as able with functional movement patterns and load to restore strength of the shoulder without shoulder shrug compensation

Flexibility

- Prolonged stretching as needed
 - Capsular stretches, sleeper stretch, behind the back IR with towel, cross body stretch, doorway ER stretch

Modalities

- Use of cryotherapy as needed for pain/swelling control
- Use of heat as needed for tightness in the shoulder



Phase 4 – Return to Activity (24+ weeks)

Goals for Phase 4

- Minimize pain and inflammation
- Maintain full shoulder PROM and AROM
- Restore shoulder, scapular and total arm strength, power and endurance
- Restore neurodynamic stabilization of the shoulder
- Safe and effective return to previous level of function for occupational, sport or desired activities

Strengthening/Flexibility

- Continue fundamental shoulder exercise program (at least 4x/week)
- Continue stretching if motion is tight

Modalities

- Use of cryotherapy as needed for pain/swelling control
- Use of heat as needed for tightness in the shoulder

Work Related Activities

- Progress back to work related activities

Sport Related Activities

- Progress back to sport related activities

Criteria for Return to Work, Function, Sport

- Minimal pain with Phase 4 exercises
- Full, pain free shoulder PROM and AROM
- Shoulder, scapular, and total arm strength $\geq 90\%$ of the uninvolved side (4+/5)

Protocol was reviewed and updated by Chad Zehms, MD and Katelyn Peterson, PT, DPT on October 23, 2025