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Rotator Cuff Repair Rehabilitation Protocol

The following document is an evidence-based protocol for arthroscopic rotator cuff repair rehabilitation. The protocol is both chronologically and criterion based for advancement through four post-operative phases:

- Phase 1 – Maximum Protection
- Phase 2 – Active Range of Motion
- Phase 3 – Strength
- Phase 4 – Return-to-Activity

There are numerous principles of rotator cuff repair rehabilitation including:

- Initial post-operative immobilization period
- Emphasis on early shoulder PROM and joint mobility
- Gradual advancement of shoulder PROM, AAROM, and AROM
- Restoration of the stability of the shoulder
- Safe, progressive loading of the rotator cuff through shoulder, scapular, and total arm strengthening

There are multiple factors which affect rotator cuff repair rehabilitation including:

- Size, location, and type of tear
- Multiple tendon involvement
- Tissue quality
- Mechanism of injury
- Timing of surgery
- Surgical technique
- Concomitant repairs
- Individual patient characteristics

The physician will designate the rate of progression based on the rotator cuff repair protocol type:

- Type 1 – Faster rate of progression
 - Small tears (< 1 cm), good to excellent tissue quality, etc.
- Type 1A – Fastest rate of progression
 - Tenotomy, Distal Clavicle Resection, Subacromial Decompression
 - Sling worn until nerve block wears off, activities at waist height until 1st post-op visit, therapy begins after 1st post-op visit (~10 days), may progress as tolerated based at that time
- Type 1AA – Early focus on motion
 - Capsule release and/or manipulation under anesthesia
 - Start day after surgery and see 5 times per week for at least 2 weeks – frequency reviewed at 1st post-op visit
- Type 2 – Standard rate of progression
 - Medium tears (1-3 cm), fair to good tissue quality, etc.
- Type 2A – Standard rate of progression with focus on early range of motion
 - Medium tears (1-3 cm), fair to good tissue quality, potential need for early range of motion, etc.
 - Start therapy at 2 weeks post-operative with visits occurring 1-2 times a week based on range of motion
- Type 3 – Slower rate of progression
 - Large (3-5 cm) to massive tears (> 5 cm), poor tissue quality, etc.

The physician may provide modifications to the rehabilitation program for significant concomitant repairs:

- Subscapularis repair
 - Limit shoulder external rotation PROM to 30° for 6 weeks post-operatively
 - No shoulder internal rotation strengthening for 12 weeks post-operatively
- Posterior rotator cuff repair – infraspinatus and teres minor
 - Limit shoulder internal rotation PROM to 30° for 6 weeks post-operatively
 - No shoulder external rotation strengthening for 12 weeks post-operatively
- Biceps Tenodesis and/or SLAP Repair
 - No active biceps for 6 weeks post-operatively



Phase 1 – Maximum Protection

Type 1: Post-Operative Weeks 0-4

Type 2: Post-Operative Weeks 0-6

Type 3: Post-Operative Weeks 0-8

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

- Minimal pain with Phase 1 exercises
- Passive shoulder flexion $\geq 120^\circ$
- Passive shoulder abduction $\geq 90^\circ$
- Passive shoulder internal and external rotation at 45° abduction in scapular plane $\geq 45^\circ$ each

Immobilization

- Immobilization in ABD sling for 4 weeks (Type 1), 6 weeks (Type 2 & 3), or per physician, therapist to transition patient out of sling

Initial Post-Op Exercises

- Elbow, forearm, wrist, hand (grip) AROM exercises; pendulum (Codman's) exercise; scapular squeezes; upper trapezius stretching; postural correction
- Remove ABD sling 3x/day for performance of HEP
- Cryotherapy to minimize pain and inflammation

Post-Op Physical Therapy

- 1st physical therapy visit to occur 4 weeks
 - Ensure appropriate fit in ABD sling and reinforce on proper use
 - Review initial post-operative exercises and reinforce on proper performance
 - PROM check performed
 - Goal 90° FLEX, 90° ABD, 30° IR and ER at 45° ABD
 - Limit 120° FLEX, 90° ABD, 45° IR and ER at 45° ABD
 - If **PASS** PROM check, begin follow-up in physical therapy at 6 weeks
 - If **NOT** pass PROM check, begin follow-up in physical therapy immediately
 - Emphasis on early shoulder PROM and glenohumeral joint mobility

Aquatics

- Utilize aquatics for patients who are significantly painful, stiff, or guarded
 - Initiate when surgical incisions have healed
 - Initiate buoyancy assisted ROM exercises within limitations
 - Consider alternating land- and aquatic-based physical therapy visits

Manual Therapy

- Initiate pain dominant glenohumeral joint mobilization (grade 1-2)
- Initiate scar mobilization, soft tissue mobilization, lymph edema massage
- Initiate other shoulder, scapular, and cervicothoracic manual therapy techniques as needed

PROM

- Initiate manual shoulder PROM in all planes of motion within limitations
 - Limit 120° FLEX, 90° ABD, 45° IR and ER at 45° ABD
 - Avoid sustained end range stretching

AAROM

- Initiate shoulder ER AAROM with wand at 45° ABD
- Initiate shoulder FLEX and ABD AAROM
 - Table slides, U.E. Ranger, physio-ball, wand, etc.
 - Avoid pulleys

Modalities

- Utilize cryotherapy, thermotherapy, and electrical modalities as needed



Phase 2 – Active Range of Motion

Type 1: Post-Operative Weeks 4-10

Type 2: Post-Operative Weeks 6-12

Type 3: Post-Operative Weeks 8-14

Goals for Phase 2

- Minimize pain and inflammation
- Restore full shoulder PROM
- Restore full shoulder AROM
- Initiate sub-maximal rotator cuff activation and neurodynamic stabilization exercises
 - No shoulder shrug sign with elevation AROM

Criteria for Progression to Phase 3

- Minimal pain with Phase 2 exercises
- Full shoulder PROM with minimal pain
- Full shoulder AROM with minimal pain
- Demonstrate neurodynamic stabilization of the shoulder
 - No evidence of shoulder shrug with elevation AROM

Aquatics

- Continue aquatics for patients who are significantly painful, stiff, or guarded

Stretching

- Initiate shoulder stretching exercises in all planes of motion as tolerated

Manual Therapy

- Continue pain dominant glenohumeral joint mobilization (grade 1-2) as needed
- Initiate stiffness dominant glenohumeral joint mobilization (grade 3-4) as needed
 - Utilize stiffness dominant glenohumeral joint mobilization (grade 3-4) to facilitate specific AROM and PROM deficits
- Continue scar mobilization, soft tissue mobilization, lymph edema massage as needed
- Continue other shoulder, scapular, and cervicothoracic manual therapy techniques as needed

PROM

- Continue manual shoulder PROM in all planes of motion as tolerated
 - Initiate sustained end range stretching

AAROM

- Continue shoulder ER AAROM with wand at 45° ABD
 - Progress from 45° to 60° to 90° ABD
- Continue shoulder FLEX and ABD AAROM
 - Table slides, wall slides, U.E. Ranger, physioball, wand, pulleys, etc.

AROM

- Initiate shoulder AROM in all planes of motion as tolerated
 - Gradually progress from gravity reduced to full gravity positions
 - Gradually progress from below shoulder height to above shoulder height
 - Consider single-planar and multi-planar movement patterns
- Do **NOT** exercise through shoulder shrug sign

Strengthening

- Initiate sub-maximal shoulder isometrics for FLEX, ABD, EXT, IR, and ER
- Initiate light isotonic scapular strengthening
 - Supine press, serratus press outs, prone row, etc.
- Initiate light isotonic biceps and triceps strengthening
- Initiate sub-body weight closed-chain strengthening exercises
 - Wall press outs, countertop press outs, etc.
- Avoid sub-body weight suspension training exercises
 - TRX, GTS, assisted chin or dip machine, etc.
- Do **NOT** exercise through shoulder shrug sign



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Neuromuscular Control

- Initiate sub-maximal rhythmic stabilization drills
 - Gradually progress shoulder FLEX from 100° to 90° to 60° to 30°
 - Gradually progress shoulder IR and ER from 30° to 60° to 90° ABD

NMES

- Utilize NMES to facilitate rotator cuff and scapular activation and strengthening

Modalities

- Utilize cryotherapy, thermotherapy, and electrical modalities as needed



Phase 3 – Strength

Type 1: Post-Operative Weeks 10-18

Type 2: Post-Operative Weeks 12-20

Type 3: Post-Operative Weeks 14-22

Goals for Phase 3

- Minimize pain and inflammation
- 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

- Minimal pain with Phase 3 exercises
- Full, pain free shoulder PROM and AROM
- Shoulder, scapular, and total arm strength $\geq 80\%$ of the uninvolved side (4/5)

OR

- Shoulder internal and external rotation isokinetic strength $\geq 80\%$ of the uninvolved side
 - 30°/30°/30° position if NOT overhead athlete or physical laborer
 - 90°/90° position if overhead athlete or physical laborer
- Demonstrate neurodynamic stabilization of the shoulder
 - No shoulder shrug sign with strengthening exercises

Stretching

- Continue shoulder stretching exercises as needed

Manual Therapy

- Continue stiffness dominant glenohumeral joint mobilization (grade 3-4) as needed
- Continue other shoulder, scapular, and cervicothoracic manual therapy techniques as needed

PROM

- Continue manual shoulder PROM as needed

Strengthening

- Initiate gradual progression of isotonic rotator cuff strengthening exercises
 - Gradually progress from gravity reduced to full gravity positions
 - Gradually progress from below shoulder height to above shoulder height
 - Gradually progress internal and external rotation from 30° to 60° to 90° abduction and from supported to unsupported conditions
 - Consider single-planar and multi-planar movement patterns
- Progress isotonic scapular strengthening exercises
 - Progress from isolated to functional movement patterns
- Progress isotonic biceps and triceps strengthening exercises
 - Progress from isolated to functional movement patterns
- Progress closed-chain strengthening exercises
 - Gradually progress from sub-body weight to full body weight positions
 - Gradually progress from stable to unstable surfaces
- Initiate gradual progression of sub-body weight suspension training exercises
 - TRX, GTS, assisted chin or dip machine, etc.
- Do **NOT** exercise through shoulder shrug sign

Neuromuscular Control

- Progress rhythmic stabilization exercises to more functional positions and dynamic movement patterns
 - Gradually progress from mid-range to end range positions
 - Gradually progress from open-chain to closed-chain positions
- Initiate gradual progression of other neuromuscular control exercises
 - Body blade, wall dribbles, ball flips, plyoback, etc.

Core Stabilization

- Incorporate core integrated exercises with strengthening and neuromuscular control progression

NMES

- Utilize NMES to facilitate rotator cuff and scapular activation and strengthening

Modalities

- Utilize cryotherapy, thermotherapy, and electrical modalities as needed



Phase 4 – Return to Activity

Type 1: Post-Operative Weeks 18+

Type 2: Post-Operative Weeks 20+

Type 3: Post-Operative Weeks 22+

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

Criteria for Return to Activity

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

OR

- Shoulder internal and external rotation isokinetic strength $\geq 90\%$ of the uninvolved side
- 30°/30°/30° position if NOT overhead athlete or physical laborer
- 90°/90° position if overhead athlete or physical laborer
- Demonstrate neurodynamic stabilization of the shoulder
- Successful completion of return- to-sport testing if athlete
- Successful completion of functional capacity evaluation if physical laborer
- Disability Arm Shoulder Hand Index score $\leq 15\%$ disability

Stretching

- Continue shoulder stretching exercises as needed

Manual Therapy

- Continue stiffness dominant glenohumeral joint mobilization (grade 3-4) as needed
- Continue other shoulder, scapular, and cervicothoracic manual therapy techniques as needed

PROM

- Continue manual shoulder PROM as needed

Strengthening

- Continue Phase 3 strengthening exercises
- Consider specific demands of occupational, sport, or desired activities

Neuromuscular Control

- Continue Phase 3 neuromuscular control exercises
- Consider specific demands of occupational, sport, or desired activities

Core Stabilization

- Continue incorporate core integrated exercises with strengthening and neuromuscular control progression

Sport-Specific Training Program

- Initiate interval sport programs
 - Baseball, softball, football, swimming, volleyball, tennis, golf, etc.
- Transition to Performance Sports Training program if competitive or recreational athlete with specific goals for return-to-sport

Weight Lifting

- Initiate traditional weight lifting exercises
 - Educate patient to strengthen prime movers **AND** secondary stabilizers
 - Educate patient to balance anterior **AND** posterior musculature

Work Specialty Rehabilitation Program

- Transition to work re-conditioning if physical laborer
- Transition to work re-conditioning if specific occupational demands
 - Lifting requirements, overhead tasks, repetitive tasks, tool or machine work, etc.

Modalities

- Utilize cryotherapy, thermotherapy, and electrical modalities as needed

HEP

- Establish HEP for long-term self-management

This protocol was reviewed and updated by Harold Schock III, MD, Dan Reznichak, PT, DPT, LAT, MS and Rebecca Donnay, PT, DPT on September 25, 2025.



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