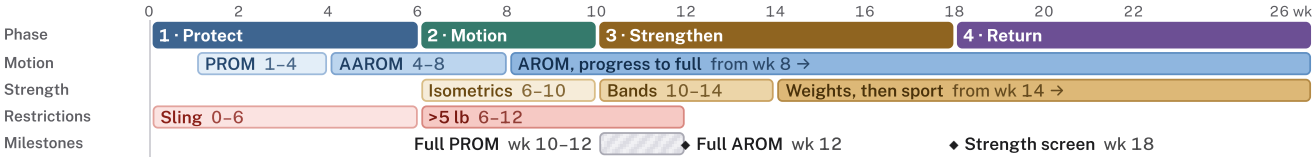
Rotator Cuff Repair Protocol

Small–medium tear · Version 2026.10 · Reviewed Oct 2026 · HEP Drop staff · Reviewed by a licensed physical therapist

⚠ General reference for licensed clinicians, not individual patient instructions. The operating surgeon's protocol takes precedence.

At a glance: sling 0–6 wk · PROM from wk 1 · AROM from wk 8 · bands wk 10 · weights wk 14 · strength screen from about 4 mo · return to sport from 6 mo. Criteria-based.



PHASE	✓ GOALS AND ALLOWED	✕ AVOID	□ ADVANCE WHEN
Phase 1 Protect wk 0–6 if criteria met	**Protect the repair**[2] **· PROM within the staged limits, toward about 120° elevation and 30° ER by wk 6**[4] **· Pain and swelling control, sleep**[2, 3] • Small pendulum circles, driven by the trunk, from wk 0 (before PROM starts)[2, 6]; scapular sets[2] • PROM from wk 1[2]: flexion and ER within the staged limits[4] • AAROM from wk 4[2], pain-free and within the staged limits[4] • Elbow, wrist, hand AROM[2]	AVOID — UNTIL Shoulder AROM[4, 16] — **wk 8** Lifting, pushing or pulling with the operated arm[3] — **wk 6** Pushing up from a chair or taking full body weight on the operated arm[3, 6] — **wk 12** Behind-back reach, cross-body (horizontal adduction) stretch, or IR stretch with the arm out to the side[4, 6] — **wk 9** Sudden or jerking movements of the operated arm[3, 6] — **wk 18** Stretching past 90° elevation or 20° ER at 20° abduction[4] — **wk 2** Stretching past 120° elevation or 30° ER at 20° abduction[4] — **wk 6**	□ Passive forward elevation ≥ 90°[2, 4] □ Passive ER at 20° abduction ≥ 20°[4] □ Pain < 2/10 (NPRS) during and after PROM[4]
Phase 2 Active motion wk 6–10 if criteria met	**Near-full AROM without shoulder shrug**[2, 4] **· Normal scapular rhythm**[3] **· Light daily tasks below shoulder height without pain**[4] • AAROM, then AROM from wk 8: lying or short-lever first, then upright[2, 4] • Submaximal isometrics, pain-free: start near 25% effort[3], no more than 50% in this phase[2] • Closed-chain stabilization, such as light weight shifts[2] • From wk 9: hand behind the back for daily tasks, plus gentle behind-back, cross-body and IR stretches, to a mild stretch only[4, 6]	NEW IN THIS PHASE — UNTIL Lifting more than 5 lb, or any load above shoulder height, with the operated arm[6] — **wk 12** **Still in effect:** Shoulder AROM (wk 8) · Pushing up from a chair (wk 12) · Behind-back reach; no cross-body or IR stretch (wk 9) · Sudden or jerking arm movements (wk 18)	□ PROM forward elevation ≥ 140°[4] □ Active elevation ≥ 120° without shrug[4, 6] □ Passive ER at 90° abduction ≥ 60°[6] □ Pain < 2/10 with exercise and daily activities[4] □ No scapular dyskinesis[2, 3, 5] on the scapular dyskinesis test, done without weight
Phase 3 Strengthen wk 10–18 if criteria met	**Rotator cuff and scapular strength**[3, 4] **· Endurance for daily tasks**[3] Starts once the Phase 2 criteria are met, typically wk 10–12. Until wk 12: light bands only, 2–3 lb at most, through a small range of motion.[4] • Bands (2–3 lb cap at first: see note); light weights from wk 14[3, 4] • Prone series: arm weight only until wk 14, then straight-arm lifts up to 2 lb[4]	NEW IN THIS PHASE — UNTIL Full-effort (maximal) strength testing[4] — **9–12 months** Heavy overhead lifting[2] — **wk 18** Plyometrics[3] — **wk 18** **Still in effect:** Lifting >5 lb or above shoulder (wk 12) · Pushing up from a chair (wk 12) · Sudden or jerking arm movements (wk 18)	□ Pain < 2/10 with daily activities and all Phase 3 exercises[4, 5] □ Full, pain-free active ROM[2, 6], equal to the other side[3, 5] (massive tears: within functional limits[6]) □ ER and IR ≥ 75% of the other side on a submaximal, pain-free hand-held dynamometer screen[4] (about 75% of normal strength is typical by month 4[2]) □ No scapular dyskinesis[5] on the scapular dyskinesis test[10], holding no more than 2 lb[4]
Phase 4 Return to activity wk 18–26 if criteria met	**Work and sport demands**[4] **· Power and endurance**[4] • Progressive weights[3, 4] • Plyometrics, sport drills[3] • Interval throwing program, once the surgeon clears throwing	NEW IN THIS PHASE — UNTIL Contact or throwing — **cleared by the surgeon** **Still in effect:** Full-effort (maximal) strength testing (9–12 months)	**Discharge from PT when** □ Full, pain-free active ROM[2, 6] (massive tears: within functional limits[6]) □ Pain < 2/10 with daily activities[4] □ Enough strength for daily and work tasks without pain[2] □ Surgeon agrees with discharge Return to sport or heavy work criteria: page 2

Rotator Cuff Repair Protocol · exercises and sources

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Exercises by phase

* sets and reps are our default.

Phase 1 · Protect wk 0–6

Pendulums (Codman's)
2 × 10 small circles each way, 3×/day

Table Slides
2 × 10* · from wk 1

Standing Cane External Rotation
2 × 10, within the ER limit your PT sets* · from wk 1

Scapular Retraction (Squeezes)
2 × 10, 5 s hold*

Ball Squeeze (Grip)
2 × 15*

Supine Cane Shoulder Flexion
2 × 10* · from wk 4

Ball Roll on Table (Shoulder Flexion)
2 × 10* · from wk 4

Phase 2 · Active motion wk 6–10

Ball Roll on Table (Shoulder Flexion)
2 × 10*

Supine Cane Shoulder Flexion
2 × 10*

Isometric Shoulder External Rotation
5 × 10 s, start about 25% effort, up to 50%

Isometric Shoulder Internal Rotation
5 × 10 s, start about 25% effort, up to 50%

Side-Lying External Rotation
2–3 × 10, arm weight only · from wk 8

Supine Shoulder Flexion (AROM)
2–3 × 10, arm weight only, once active flexion lying down is pain-free · from wk 8

Phase 3 · Strengthen wk 10–18

Standing Band External Rotation
3 × 12, light band, small range at first*

Standing Band Internal Rotation
3 × 12, light band, small range at first*

Prone Y (Lower Trap)
3 × 10, arm weight only until weights start*

Scaption with Dumbbell
3 × 10, 1–2 lb* · from wk 14

Phase 4 · Return to activity wk 18–26

Push-Up Plus
3 × 10 (wall, then table; floor from Phase 4)

Plyo Ball Toss
3 × 15*

Interval Throwing Program
per program

Return to sport or heavy work when

- ☐ At least 6 months since surgery[2, 8]
- ☐ ER and IR ≥ 90% of the other side[7, 9]: submaximal screen before 9 months; full-effort testing not before 9–12 months[4]
- ☐ No pain at rest or with activity[2, 3, 5]
- ☐ Cleared by the surgeon[2, 5]

Key milestones vs published protocols

MILESTONE	THIS PROTOCOL	RANGE IN PUBLISHED PROTOCOLS
Sling off	**wk 6**	2–10 wk[1], most 4–6 (6 most common)
Start AROM	**wk 8**	wk 4–8 or later[1], most wk 6 (large tears wk 8)
Start resisted work (bands)	**wk 10**	wk 4–16[1], most often wk 12 (28%)
5-lb lifting limit ends	**wk 12**	wk 10–24[6, 23, 24, 25], light-load limit usually ends wk 10–12
Return to sport	**from 6 mo**	3–12 mo[1], most 6 mo (small tears 4 mo)

Published protocols differ a lot: a review of 96 online rotator cuff repair protocols found sling time from 2 to 10 weeks, and only 27% addressed biceps tenodesis.[1] A side-by-side comparison with published hospital protocols is at **hepdrop.com/p/rcr**.

Sources

1. Coda 2020
2. Jung 2018
3. Nikolaidou 2017
4. Thigpen 2016 (ASSET)
5. van der Meijden 2012
6. Ezell 2021
7. Kokmeyer 2016
8. Bravi 2022
9. Fares 2022
10. Alzahrani 2026
16. Kluczynski 2016
23. Mass General Brigham
24. Lahey
25. Sanford Health

Full citations, licenses and what each source supports: **hepdrop.com/p/rcr**. [2] Jung C, et al. 2018, © The Author(s) 2018. We adapted: phase goals, advancement, discharge and return-to-sport criteria, and exercise progressions. Changes: reworded, condensed, reorganized by post-op week, combined with other sources. [3] Nikolaidou O, et al. 2017, © 2017 Nikolaidou et al. We adapted: Phase 1–2 goals, isometric progression, and advancement and return-to-sport criteria. Changes: reworded, condensed, reorganized by post-op week, combined with other sources. Both are licensed under CC BY 4.0. No warranties are given by the original authors.