EDWARDS ORTHOPEDICS
Advanced Orthopedic Surgery, Close to Home.
Dr. Chad Edwards, Orthopedic Surgeon

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POST-OPERATIVE REHABILITATION PROTOCOL

Arthroscopic Rotator Cuff Repair

Tendon-healing protection followed by staged motion, strength, and overhead return

PATIENT	SURGERY DATE	SIDE / PROCEDURE NOTES
_____	_____	_____

HOW TO USE THIS PROTOCOL Time frames are guides, not deadlines. Progress only when the phase criteria are met and the knee/arm is not reacting with increased pain or swelling. Dr. Edwards' written instructions always take priority.

SCOPE This timeline fits uncomplicated small-to-medium repairs. Large/massive tears, multiple tendons, poor tissue quality, revision, or concomitant biceps/subscapularis work require slower progression.

STOP AND CALL: fever/chills, increasing redness or drainage, uncontrolled pain, new or worsening numbness/weakness, calf pain/swelling, chest pain, or shortness of breath. Call 911 for an emergency.

KEY RESTRICTIONS AT A GLANCE

TIME	PROTECTION / WEIGHT BEARING	MOTION / LOADING
0-3 weeks	Sling with abduction pillow	Passive motion only within limits
4-6 weeks	Continue sling; wean near week 6	Progress passive then assisted motion as cleared
6-12 weeks	No heavy lifting	Restore active motion; strengthening generally begins 10-12 weeks
4-9+ months	Overhead/work/sport in stages	Objective ROM, strength, and symptom criteria

PHASE-BY-PHASE PLAN

Phase 1 | Tendon protection (0-3 weeks)

- **Priorities:** Protect the repair; reduce pain; maintain elbow, wrist, and hand ROM; gradually increase passive shoulder motion.
- **Protection:** No shoulder AROM/AAROM, lifting, pushing/pulling, or supporting body weight through the arm. Wear sling/abduction pillow, including sleep.

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- **Therapy focus:** Elbow/wrist/hand ROM, grip, safe scapular setting, and therapist-directed PROM: forward elevation no more than 90 degrees and external rotation no more than 20 degrees in the scapular plane.
- **Therapy focus:** If biceps tenodesis was added, elbow flexion remains passive early.

Phase 2 | Passive to assisted motion (4-6 weeks)

- **Priorities:** Continue tendon protection; increase painless passive motion; begin assisted motion when cleared.
- **Protection:** No lifting or sudden motion. Large/massive repairs may remain in this phase longer.
- **Therapy focus:** Progress PROM, table slides, cane-assisted elevation/external rotation, pulleys when appropriate, and scapular control. Wean sling near week 6 if cleared.

Phase 3 | Active motion and initial strength (6-16 weeks)

- **Priorities:** Restore active motion with good mechanics; improve dynamic shoulder stability.
- **Protection:** Avoid heavy lifting, jerking, and cuff resistance until approximately weeks 10-12 for small/medium tears; delay further for large/massive repairs.
- **Therapy focus:** AAROM to AROM, posterior shoulder mobility, rows/serratus, rhythmic stabilization, then light band/dumbbell ER/IR, full-can, prone row/extension, biceps/triceps.
- **Therapy focus:** Advance only without shoulder hiking, reactive pain, or loss of motion.

Phase 4 | Advanced strength and return (4-9+ months)

- **Priorities:** Restore strength, power, endurance, and work/sport function.
- **Protection:** Heavy labor and overhead sport require a later, criteria-based return; large/massive repairs often need 6-9+ months.
- **Therapy focus:** Progress closed-chain stability, plyometrics, interval overhead/sport, and work simulation.
- **Therapy focus:** Return requires full or functional pain-free ROM, no compensatory mechanics, at least 90% objective strength/function for demanding activity, and surgeon clearance.

GENERAL PROGRESSION RULE A mild exercise ache that resolves is acceptable. Back down and contact the care team if pain is sharp, swelling increases, motion is lost, gait/mechanics worsen, or symptoms remain elevated the next day.