

## Small Rotator Cuff Repair: Physical Therapy Protocol

### Definition of Small Tear

Single-tendon involvement, such as the supraspinatus only, with minimal retraction or fatty infiltration. Typically involves single-anchor repair.

### Phase I: Immediate Post-Operative Protection (0–3 Weeks)

#### Goals:

- Protect surgical repair
- Minimize swelling and pain
- Maintain mobility of the wrist, hand, and elbow
- Begin passive range of motion (PROM) exercises
- Educate the patient on restrictions and care

#### Sling Use:

- Neutral rotation with abduction pillow at 30°–45°.
- Full-time, including while sleeping.

#### Precautions:

- No active range of motion (AROM) or active-assisted range of motion (AAROM).
- No resisted elbow flexion or active biceps contractions if biceps tenodesis was performed.
- Avoid lifting, weight-bearing through the arm, or overhead motions.
- No scapular retraction (if teres minor repair).

#### Interventions:

- Swelling Management: Ice and compression daily.
- PROM Restrictions:
  - Forward flexion: <90°
  - External rotation: <20° (in scapular plane)
- Exercises:
  - Pendulum exercises (daily, 2–3 sessions)
  - Table slides (horizontal)
  - Wrist, hand, and elbow AROM
  - Scapular setting and retraction (if appropriate)
  - Ball squeezes

**Criteria to Progress:**

- Forward flexion PROM: 90°
- External rotation PROM: 20° (scapular plane)
- No significant pain or swelling

**Phase II: Early Post-Operative Rehabilitation (4–6 Weeks)**

**Goals:**

- Continue protecting the repair
- Maintain PROM and introduce active-assisted range of motion (AAROM)
- Minimize substitution patterns

**Precautions:**

- No unsupported lifting or weight-bearing.
- No AROM against gravity.
- No resisted elbow flexion until Week 6 if biceps tenodesis was performed.

**PROM Progression:**

- Forward flexion: Progress to <120°
- External rotation: Progress to <30° (in scapular plane)

**Interventions:**

- AAROM Exercises:
  - Cane-assisted forward flexion and external rotation
  - Wall slides
  - Seated shoulder flexion with support
- Scapular Mobility:
  - Protraction, retraction, and shrugs (as tolerated)

**Criteria to Progress:**

- Forward flexion PROM: 120°
- External rotation PROM: 30° (scapular plane)
- Demonstrates scapular mobility without compensations

**Phase III: Intermediate Rehabilitation (7–12 Weeks)**

**Goals:**

- Transition from PROM/AAROM to AROM
- Improve scapular mechanics and shoulder stability
- Initiate light strengthening

**Precautions:**

- Avoid heavy lifting (>10 lbs) or aggressive motions

**Interventions:**

- AROM Progression:
  - Forward flexion and scaption to pain-free ranges (progress to full by Week 12)
  - External rotation to <45° in the scapular plane
- Strengthening:
  - Isometric ER/IR
  - Resistance band rows, shoulder extension, and scaption
  - Supine punches and wall slides
- Scapular Stabilization:
  - Rowing, lawnmowers, and banded exercises

**Criteria to Progress:**

- Full PROM achieved
- Controlled AROM without compensations
- Pain levels <4/10 during activities

**Phase IV: Advanced Strengthening & Functional Progression (13–20 Weeks)**

**Goals:**

- Restore full functional strength and ROM
- Transition to functional and sport-specific movements

**Interventions:**

- Closed-Chain Activities:
  - Modified push-ups, wall push-ups
- Progressive Resistance:
  - Bands and light weights for ER/IR and scaption
- Functional Strengthening:
  - Plyometrics, proprioceptive drills (optional)

**Criteria to Progress:**

- Full pain-free AROM and PROM
- Symmetrical scapular mechanics

**Phase V: Return to Sport or Overhead Activities (20+ Weeks)**

**Goals:**

- Full return to sport-specific and overhead activities

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Through Small Incisions 

**Interventions:**

- Sport-specific drills and overhead progression
- Eccentric strengthening and plyometric activities

**Criteria:**

- Clearance from MD and physical therapist
- Full functional strength and endurance achieved

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