KEVIN O'DONNELL, MD
Orthopaedic Surgery · Sports Medicine

475 Biltmore Way, Suite 101
Coral Gables, FL 33134
(305) 393-8810 · kevinodonnellmd.com

PHYSICAL THERAPY PROTOCOL

Rotator Cuff Repair

Arthroscopic or mini-open repair — timeline may be adjusted for tear size and tissue quality

The repaired tendon must be protected while it heals to bone. No active motion of the shoulder is permitted early; the arm is moved passively only. Larger or revision repairs are progressed more slowly.

General Precautions

- Sling (with small abduction pillow) for 4–6 weeks, including while sleeping.
- No active elevation or rotation of the shoulder until cleared — passive motion only in the early phase.
- No lifting, pushing, pulling, or bearing weight through the arm for 6 weeks.
- No reaching behind the back or forced stretching.

Phase I — Maximum Protection Weeks 0–6

Goals

- Protect the repair
- Control pain and swelling
- Gradually restore passive motion

Precautions / Restrictions

- Sling at all times except for exercises and hygiene
- Absolutely no active shoulder motion
- No weight bearing through the operative arm

Exercises & Interventions

- Pendulums
- Passive forward flexion in the scapular plane to tolerance (goal ~120° by week 6)
- Passive external rotation to neutral (0°) at the side
- Elbow, wrist, and hand active motion
- Scapular clock / gentle isometric scapular sets
- Cryotherapy

Criteria to Advance

- Six weeks of protected healing completed
- Passive flexion ≥120°, ER to neutral

Phase II — Active Motion Weeks 6–12

Goals

- Wean the sling
- Restore full passive then active-assisted and active motion

Precautions / Restrictions

- Progress active motion gradually — no forceful or resisted motion
- No lifting >1–2 lb

Exercises & Interventions

KEVIN O'DONNELL, MD
Orthopaedic Surgery · Sports Medicine

475 Biltmore Way, Suite 101
Coral Gables, FL 33134
(305) 393-8810 · kevinodonnellmd.com

- Discontinue sling by ~6 weeks
- Active-assisted → active range of motion in all planes
- Continue passive stretching to full motion
- Begin sub-maximal rotator cuff isometrics late in this phase
- Scapular strengthening

Criteria to Advance

- Full passive motion
- Active elevation without shrug/substitution

Phase III — Strengthening Weeks 12–18

Goals

- Restore rotator cuff and scapular strength

Exercises & Interventions

- Progressive resistive band ER/IR and scaption
- Periscapular and deltoid strengthening
- Closed-chain and rhythmic stabilization
- Endurance training

Criteria to Advance

- Full painless active motion
- Strength ≥70–80% of opposite side

Phase IV — Return to Activity Months 4–6

Goals

- Return to full activity and sport

Exercises & Interventions

- Advanced strengthening and plyometrics
- Sport-/job-specific program
- Interval throwing or overhead program as indicated

Criteria to Advance

- Symmetric strength and motion
- Return to sport typically ~6 months, surgeon-cleared

This protocol is a general guideline. Progression is criteria-based and may be advanced or slowed by Dr. O'Donnell based on intraoperative findings, tissue quality, fixation, and individual healing. Time frames are approximate. Direct questions to the office at (305) 393-8810.