

**Post-Operative Rehabilitation Guidelines for
Small Rotator Cuff Tears**

- 1-4 Weeks: Sling Immobilization
Active ROM Elbow, Wrist and Hand
True Passive (ONLY) ROM Shoulder. NO ACTIVE MOTION.
Pendulums,
Supine Elevation in Scapular plane = 140 degrees
External Rotation to tolerance with arm at side. (emphasize ER,
minimum goal 40°)
Scapular Stabilization exercises (sidelying)
Deltoid isometrics in neutral (submaximal) as ROM improves
No Pulley/Canes until 5 weeks post-op (these are active motions)
If biceps tenodesis performed, no resisted elbow flexion until 8 weeks
- 4-8 Weeks: Discontinue abduction pillow at 4 weeks post-op
Discontinue sling use at 5 weeks post-op
Begin Active Assist ROM and advance to Active as Tolerated
Elevation in scapular plane and external rotation as tolerated
No Internal rotation or behind back until 6wks.
Begin Cuff Isometrics at 5 wks with arm at the side
If biceps tenodesis performed, no resisted elbow flexion until 8 weeks
- 8-12 Weeks: Active Assist to Active ROM Shoulder As Tolerated
Elevation in scapular plane and external rotation to tolerance
Begin internal rotation as tolerated
Light stretching at end ranges
Cuff Isometrics with the arm at the side
Upper Body Ergometer
- 3-12 Months Advance to full ROM as tolerated with passive stretching at end ranges
Advance strengthening as tolerated: isometrics → bands → light weights (1-5 lbs); 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers
Only do strengthening 3x/week to avoid rotator cuff tendonitis
Begin eccentrically resisted motions, pylometrics (ex. Weighted ball toss), proprioception (es. body blade)
Begin sports related rehab at 4 ½ months, including advanced conditioning
Return to throwing at 6 months
Throw from pitcher's mound at 9 months
Collision sports at 9 months
MMI is usually at 12 months post-op