ROBERT PETTIT, MD
Restoring Function. Maximizing Performance.
ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE
CINCINNATI, OH · FORT THOMAS, KY
(513) 354-3700
FELLOWSHIP-TRAINED · BOARD CERTIFIED (ABOS) · MAKO ROBOTICS CERTIFIED · CINCINNATI REDS TEAM PHYSICIAN

SHOULDER CONDITION

Rotator Cuff Tear

Rotator Cuff Injury — Patient Condition Guide

Rotator cuff (supraspinatus) tear · for education; your anatomy may differ

OVERVIEW

The rotator cuff is a group of four muscles and tendons that stabilize the shoulder and power overhead motion. Tears can occur suddenly from an injury or gradually from age-related wear, and are one of the most common causes of shoulder pain in adults.

ANATOMY

The rotator cuff — supraspinatus, infraspinatus, teres minor, and subscapularis — surrounds the ball-and-socket shoulder joint, holding the humeral head centered in the socket while enabling rotation and elevation of the arm.

SYMPTOMS

- Pain with overhead reaching or lifting
- Night pain, especially lying on the affected shoulder
- Weakness, particularly with lifting the arm away from the body
- A catching or grinding sensation with motion

DIAGNOSIS

Exam includes specific strength tests for each cuff muscle. MRI or ultrasound confirms tear size, location, and tissue quality, which helps determine whether repair is likely to heal well.

TREATMENT OPTIONS

Partial tears and many tears in lower-demand patients respond to physical therapy, activity modification, and injections. Full-thickness tears in active patients, or tears causing significant weakness, are generally treated with arthroscopic rotator cuff repair.

RECOVERY TIMELINE

- Weeks 0–6: sling immobilization, passive motion only

- Weeks 6–12: active motion progression
- Months 3–5: strengthening
- Months 5–6+: return to overhead sport and heavy lifting

FAQS

Q Can a rotator cuff tear heal without surgery?
Partial tears can often be managed without surgery; full-thickness tears typically do not heal on their own, though many patients still function well non-surgically.

Q How long is my arm in a sling after repair?
Typically around 4–6 weeks, per your specific post-operative protocol.

SCAN FOR THE LATEST VERSION ONLINE
robertpettitmd.com/handouts/rotator-cuff-tear.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.

© 2026 ROBERT PETTIT, MD · BEACON ORTHOPAEDICS & SPORTS MEDICINE · Shoulder Condition

ROBERT PETTIT, MD

Restoring Function. Maximizing Performance.

ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

CINCINNATI, OH · FORT THOMAS, KY

(513) 354-3700

HOME EXERCISE PROGRAM

Rotator Cuff Tears: Exercises & Strengthening

A non-surgical rotator cuff program: keep the shoulder mobile, then build cuff and shoulder-blade strength with slow, controlled band work.

Why eccentric strengthening? Tendons heal and get stronger when they are loaded slowly while lengthening — the "eccentric" (lowering) phase of an exercise. Take 3–4 seconds on every lowering movement. A mild ache (up to 3–4/10) during eccentric work is acceptable and even expected; sharp pain, or pain that worsens into the next day, means reduce the load. Tendon programs work over 6–12 weeks of consistency — stick with it.

Stop and call the office at (513) 354-3700 if any exercise causes sharp pain, swelling, numbness, or symptoms that worsen into the next day. This general program does not replace an individualized plan from Dr. Pettit or your physical therapist.

Pendulum Swings

5 minutes, 3 times daily

Lean forward with support, let the arm hang relaxed, and gently swing it in small circles. Gradually widen the circle. Keep the shoulder muscles loose.

Scapular Squeezes

10-second holds × 10, 3 times daily

Sit or stand tall and squeeze the shoulder blades together and slightly down, as if pinching a pencil between them. Do not shrug.

Isometric External Rotation

5-second pushes × 10, daily

Elbow at your side bent 90°, press the back of the wrist into a wall or door frame without moving. Build tension gradually.

Band External Rotation ECCENTRIC

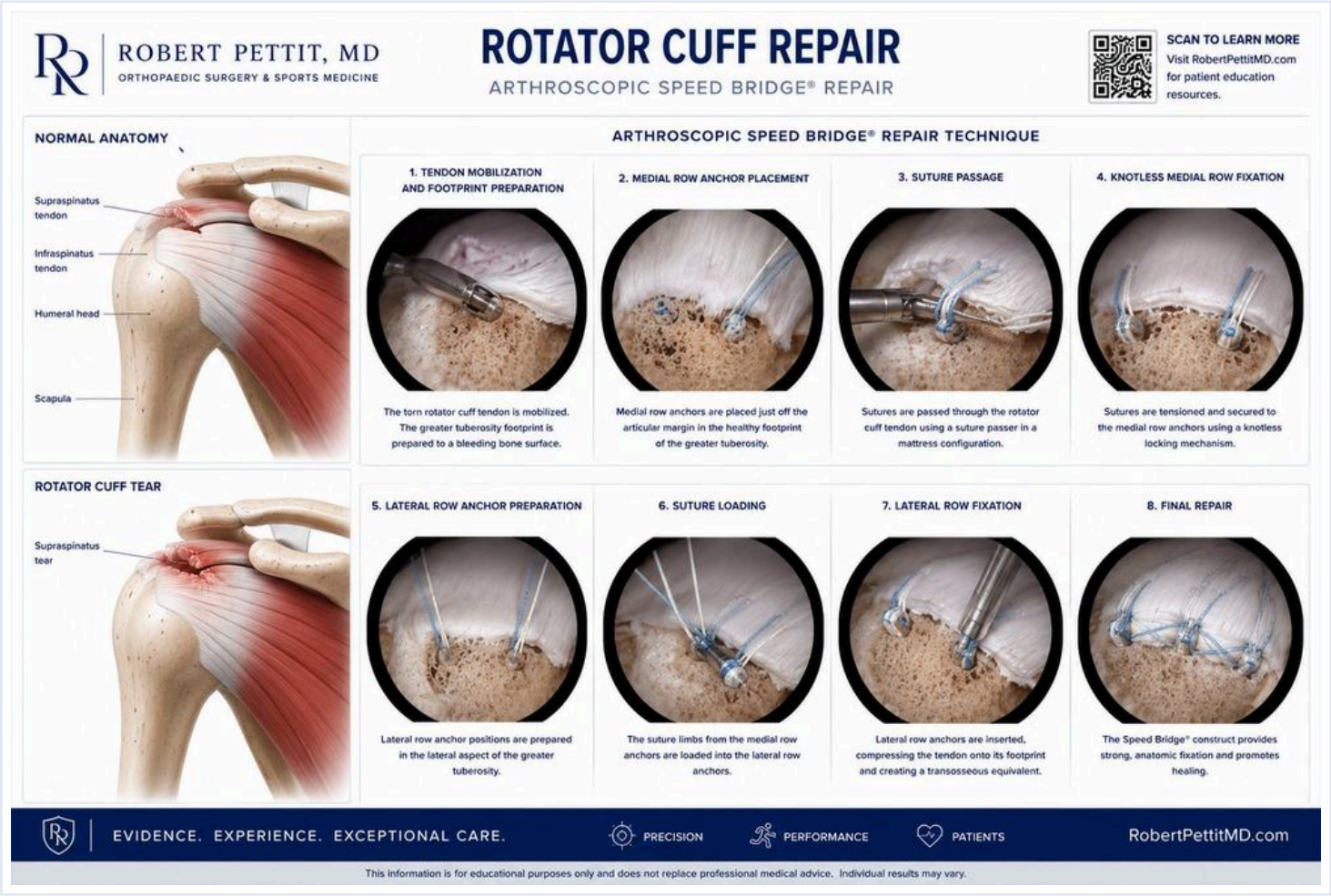
3 sets of 10–15, every other day

Elbow bent 90° and tucked at your side, rotate the forearm outward against the band, then return slowly — take 3–4 seconds on the way back (the eccentric phase).

Band Rows

3 sets of 10–15, every other day

Pull the band toward your waist, squeezing the shoulder blades together, then release slowly with control.



For patient education; your anatomy may differ.