Arthroscopic Rotator Cuff Repair

Physical Therapy Protocol · ASSET Consensus–Based

Based on the American Society of Shoulder and Elbow Therapists (ASSET) consensus statement and the 2025 AAOS Rotator Cuff Clinical Practice Guideline.

AT A GLANCE

TIMELINE	26+ weeks; strengthening does not begin before week 12
IMMOBILIZATION	Strict sling for first 2 weeks; staged PROM weeks 2–6
KEY PRINCIPLE	No active shoulder elevation during Phase 1
HOME PROGRAM	Low-frequency supervised visits with structured HEP may suffice (small/medium tears)

KEY PRECAUTIONS

- No active shoulder elevation until Phase 2 (week 6).
- Strengthening begins at week 12 — not earlier.
- Full return to overhead sport / demanding work typically 6 months post-op.

Guideline only — individualize per intraoperative findings and patient response. Questions: contact Dr. Pettit's office.

PHASED REHABILITATION

PHASE 1 — PROTECTION	Weeks 0–6
GOALS	• Protect the repair • Pain/swelling control • Protected passive motion
INTERVENTIONS	• Strict immobilization in sling for first 2 weeks • Weeks 2–6: staged introduction of protected PROM • Pendulum exercises; passive forward elevation to 120°; passive ER to 30° • Active elbow/wrist/hand exercises; scapular retraction • Cryotherapy for pain/swelling
CRITERIA TO ADVANCE	• Surgeon clearance at ~6 weeks • Pain controlled with PROM program

PHASE 2 — ACTIVE MOTION	Weeks 6–12
GOALS	• Restore full AROM equal to PROM
INTERVENTIONS	• Transition PROM → AAROM → AROM • Scapular stabilization exercises • Low-frequency supervised visits (every 1–2 weeks) with structured home exercise program may be sufficient
CRITERIA TO ADVANCE	• AROM = PROM without substitution patterns

PHASE 3 — STRENGTHENING	Weeks 12–20
GOALS	• Progressive rotator cuff and scapular strength
INTERVENTIONS	• Rotator cuff isometrics progressing to isotonics (IR/ER with bands) • Scapular strengthening (rows, prone Y/T/W) • Light resistance, high repetition
CRITERIA TO ADVANCE	• Pain-free progressive loading • Strength approaching functional demands

PHASE 4 — FUNCTIONAL / RETURN TO ACTIVITY	Weeks 20–26+
GOALS	• Return to sport- or work-specific demands
INTERVENTIONS	• Sport-specific or work-specific functional progression • Progressive loading and endurance training
CRITERIA TO ADVANCE	• Full return to overhead sport/demanding work typically 6 months post-op

Guideline only — individualize per intraoperative findings and patient response. Questions: contact Dr. Pettit's office.

GUIDING PRINCIPLES

This protocol follows criterion-based progression over rigid time-based advancement; phased rehabilitation balancing tissue healing with controlled stress application; objective milestones (ROM, strength LSI, functional testing) to guide phase transitions; individualization based on surgical findings, tissue quality, and patient factors; and ongoing surgeon–therapist communication throughout recovery.

REFERENCES

1. Thigpen CA, Shaffer MA, Gaunt BW, et al. The ASSET Consensus Statement on Rehabilitation Following Arthroscopic Rotator Cuff Repair. J Shoulder Elbow Surg. 2016;25(4):521-535.

2. Swansen T, Wright MA, Murthi AM. Postoperative Rehabilitation Following Rotator Cuff Repair. Phys Med Rehabil Clin N Am. 2023;34(2):357-364.

3. Brown GA, Weber S, Chahal J, et al. Management of Rotator Cuff Injuries: Evidence-Based Clinical Practice Guideline. AAOS; 2025.

4. Demirci S, Kara D, Y■ld■z T■, et al. Effects of Different Frequencies of Physical Therapy Visits on Shoulder Function After Arthroscopic Rotator Cuff Repair. Phys Ther. 2023;103(10):pzad066.

For clinical use by licensed physical therapists treating patients of Robert Pettit, MD. This document is a rehabilitation guideline, not a substitute for clinical judgment. Progression must be individualized based on intraoperative findings, tissue quality, and patient response. Scan the QR code for the current version of this protocol.