

**Grant H Garcia, MD**  
2409 North 45<sup>th</sup> Street,  
Seattle, WA 98103  
Wallingford: 206-633-8100  
Ballard: 206-784-8833



## **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)
- 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
- 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