The Protect-Then-Move Protocol

Rotator cuff repair rehabilitation, phase by phase

Used by Dr. Rob Letizia, PT, DPT, at Spectrum Therapeutics in Wayne, NJ. Reviewed October 2026.

Your surgeon's protocol always overrides this one. Repair size, tissue quality and technique genuinely change the timeline, and the surgeon is the only one who saw the tendon. Use this sheet to understand the phases, not to set your own pace.

The four phases

Phase	When	Sling	Motion allowed	Focus
1. Protection and passive motion	Weeks 0–6	Worn continuously	Passive only: your therapist moves the arm while your muscles stay relaxed	Protect the repair while preventing stiffness. Elbow, wrist and hand keep moving
2. Active-assisted motion	Weeks 6–12	Gradual weaning, once your surgeon confirms healing	Gentle active movement with assistance; overhead activity still restricted	Regain the motion lost to immobilisation. External rotation usually returns before elevation
3. Strengthening and function	Months 3–6	None	Full active motion; reaching overhead, behind the back and carrying reintroduced gradually	Cuff and shoulder-blade strength, only once motion is restored. Bands progressing to weights
4. Advanced strength and return to activity	Months 6–12	None	Unrestricted as cleared	Overhead work, sport and heavy lifting come back last. Overhead athletes typically need 9–12 months

The one rule: Do not progress a phase because you feel ready. Feeling ready arrives before the tissue is. The phases follow the biology of tendon healing back onto bone, which is why rushing them raises the risk of a re-tear.

The Sling-and-Signal Rule: when to check in

Any time	A pop with new weakness is a surgeon call, not a therapy question. Don't wait for your next appointment, and don't test it to see if it happens again.
End of the protection phase	Is passive motion coming back? If the shoulder isn't moving passively once you're allowed to move it, say so immediately. Stiffness caught here is a minor detour.
At 3 months	Can you lift the arm against gravity? If active elevation isn't developing while passive motion is fine, that gap needs investigating, not more repetitions.
At 6 months	Strength should still be climbing. A plateau here is worth reassessing.

Week by week at a glance

Timeframe	What most people can do	Work
Weeks 1–2	Walking regularly, basic hygiene with help, eating independently; sleeping propped on pillows or in a recliner	Desk work with no lifting may be possible
Weeks 3–6	Pain much reduced, incisions healed. The phase people most often cut short: the repair is nowhere near able to take load	Still no lifting, reaching, or pushing up from a chair with that arm
Weeks 6–8	Sling weaning. Arm hangs at your side while walking, hand-to-mouth movements. It will feel heavy and weak, which is expected	—
Weeks 8–12	Active motion returning: raising the arm overhead under your own power, reaching behind your back. Light strengthening with bands or 1–2 lb weights	Most non-physical work
Months 3–4	Genuine strengthening: rows, light pressing, functional reaching and lifting. Many are surprised how weak it still feels	Wider return, short of heavy or overhead duties
Months 5–6	Functional recovery: moderate lifting and carrying, overhead household tasks, sleeping undisturbed, light recreation such as golf and swimming	Full duty in all but the most physically demanding jobs
Months 6–12	Advanced and sport-specific strengthening, full range of motion, most recreation resumed with clearance	Full return. Overhead athletes typically need 9–12 months

Red flags: don't wait for your next visit

- **Call your surgeon promptly:** a sudden pop, tear or give-way, especially if you lose the ability to lift an arm you could lift yesterday.
- **Same-day call:** fever, spreading redness, warmth, or increasing wound drainage.
- New numbness, pins and needles or weakness in the hand, or a hand that is cold or discoloured.
- Pain that is escalating after the second week rather than gradually settling.
- A shoulder getting stiffer, not looser, after the protection phase ends.
- **Emergency (call 911):** chest pain or shortness of breath. Calf pain or swelling needs urgent medical assessment.

Questions about your recovery? Spectrum Therapeutics offers one-on-one post-surgical rehabilitation: every visit is with Dr. Rob Letizia, PT, DPT. Call **973-689-7123**. New Jersey is a direct-access state, so you can be seen without a physician's referral; any Medicare plan requires a doctor's prescription for physical therapy.

The full week-by-week guide, with its research sources:
https://spectrumtherapynj.com/blogs/news/rotator-cuff-surgery-recovery-timeline-complete-guide
Educational information only, not a substitute for your surgeon's instructions or an individual evaluation.