

Rotator Cuff Repair

A rotator cuff tear, where the tendon has pulled away from the head of the upper arm bone.

Kieran Hirpara 4.0



This protocol guides your recovery after a **rotator cuff repair** with Dr Kieran Hirpara at Mater Private Hospital Rockhampton. It pairs a plain-English explanation of each stage with a structured programme you can share with your physiotherapist – bring this page or its PDF to your first appointment so your rehabilitation stays coordinated. Your physiotherapist may adjust the plan depending on how your recovery progresses.

If you have any concerns about your wound after surgery, get in touch with the rooms. It is often helpful to take a photo of the wound and email it for review.

What to expect

A rotator cuff repair re-attaches torn tendon back onto the bone, and that biological re-attachment is what this whole programme protects. The repair is still soft at six weeks and keeps maturing for many months: in healing studies it has only around a quarter of its normal strength at six weeks, roughly half at twelve weeks, and it does not approach full strength until at least six months. That is why movement and load are added back in stages rather than all at once.

It is tempting to push early, but the evidence is reassuring. For the common smaller and medium tears, any extra range you gain from early movement is temporary, and by one year there is no difference between starting early and starting a little later. Patience in the first weeks costs you nothing in the long run – and it protects the repair when it is at its weakest. There is also good evidence that starting aggressive therapy in the very first week does more harm than good, so the early weeks are deliberately gentle.

The single most useful thing you can do for your shoulder is to **protect the repair early**. Most re-tears happen in the first three to six months, and patients who do not follow the early restrictions are far more likely to re-tear. Sticking to the protocol matters more than any exercise.

Rotator cuff repairs are often combined with other procedures in the same operation – most commonly a subacromial decompression, distal clavicle excision, biceps tenodesis or suprascapular nerve release. **When that**

happens, this protocol governs the whole recovery: the repaired tendon is the slowest-healing part, and its timeline sets the pace.

Your timeline depends on the size of the tear that was repaired – this is the single biggest thing that sets the pace, because larger tears heal more slowly and are more likely to re-tear. Dr Hirpara will tell you which group your repair falls into, and the page splits the programme into two clearly labelled tracks below:

- **Small / medium tears** – one or two tendons, good tissue quality.
- **Large / massive tears** – bigger tears, two or more tendons, or poorer tissue quality. The steps are the same, but **held longer and progressed more cautiously:** protected motion is kept up longer, active movement comes back later, and strengthening is delayed.

The procedure

Your rotator cuff repair is done arthroscopically (keyhole), or occasionally through a small open incision. The torn tendon is re-attached to its bony footprint on the top of the upper arm bone, and the job of rehabilitation is to protect that re-attachment while it heals, then gradually rebuild full movement, strength and function.

Wearing your sling

You will wear a **simple shoulder sling** – **not** an abduction-pillow sling. There is no proven difference in outcomes between the two, and the simple sling is far easier to live with. Dr Hirpara uses a simple sling for **every** cuff repair, including large and massive tears.

- Wear the sling for **6 weeks** for daytime support, especially when you are out of the house or around other people.
- **You do not sleep in the sling.** It is daytime support only – sleep out of it, with your arm comfortable and supported on a pillow.
- Take it off for **showering and for your exercises** (once you have been shown how). Whenever the sling is off, keep your arm relaxed and by your side.
- Use ice if the shoulder is swollen or sore, especially after exercise.

Watch your posture while you are using the sling: keep your ears, shoulders and hips in line and avoid slumping. Good posture protects your back and helps stop the shoulder stiffening.

Key precautions – do NOT

- Do **NOT** actively move the shoulder under its own power until about **6 weeks** (the repair is only about 20% of normal strength at 4 weeks).
- Do **NOT** lift, push, pull, or bear weight through the hand or arm for **6 weeks**.

- Do **NOT** rotate the arm outward past the straight-ahead (neutral) position early.
- **If the front cuff tendon (subscapularis) was repaired:** keep active external rotation within about **30°** for the first **12 weeks**, and do not actively rotate the arm inward (against resistance) in that time – this protects the front repair. Your surgeon will tell you if this applies to you.
- Do **NOT** do “empty-can” (thumb-down) raises – ever.
- Do **NOT** reach behind your back early, and avoid any sudden jerk or push.
- Where possible, **avoid anti-inflammatory tablets (NSAIDs)** for the first ~12 weeks – they may interfere with tendon healing. Check with the rooms about pain relief.
- Do **NOT** drive while the sling is required (6 weeks).

Small / medium tears

This is the track for tears of one or two tendons with good tissue. Where a phase gives a week number, this is your timing.

Small-medium tears – Phase I: Protection (weeks 0–6)

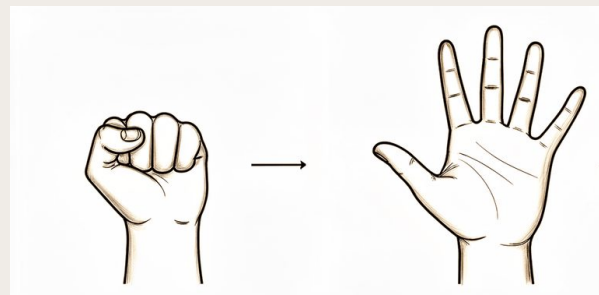


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Circulation and deep breathing

To reduce the risk of post-operative complications, aim to walk for at least 30 minutes a day (this does not have to be all at once), and take 4–6 deep breaths every hour.

Throughout the day

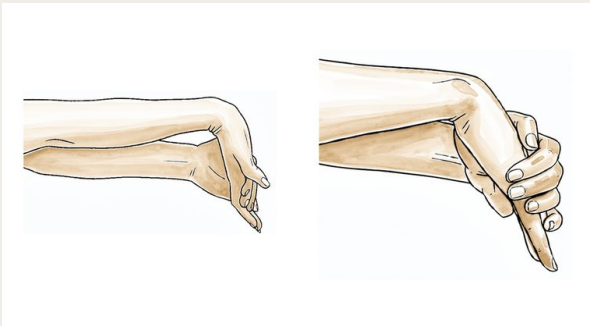


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Open and close hand

Make a tight fist with your hand, then open it fully. This keeps your hand moving and helps prevent stiffness and swelling.

10 times per hour

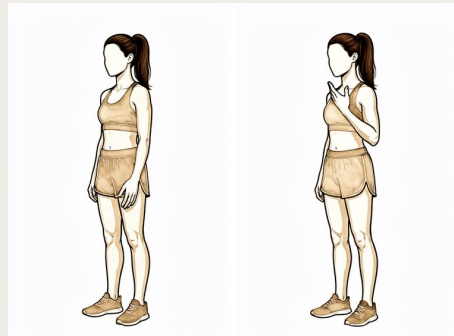


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Active wrist bends

Gently bend your wrist forwards, then back, as far as is comfortable.

10–15 times per hour

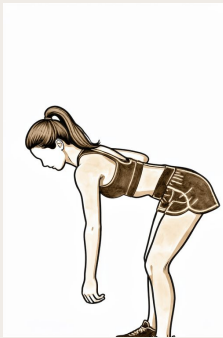


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Active elbow bends

With your palm facing up, gently bend your elbow as far as you can, then straighten your arm again. Keep your upper arm tucked at your side.

10–15 times, 2–3 times a day

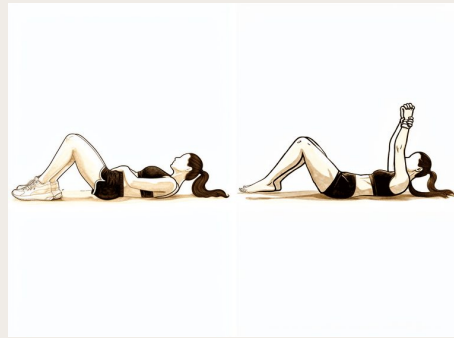


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Pendulum swings

Lean forwards and let your operated arm hang down, completely relaxed. Make small circles — clockwise, then the other way — by rocking your body, NOT by using your shoulder muscles. Also rock the arm gently forwards/backwards and side to side. Keep the circle small (under about 20 cm). Your operated arm stays relaxed throughout — you are not lifting it.

10 in each direction, 2–3 times a day



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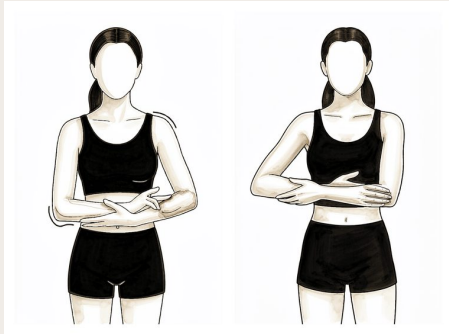
Assisted forward lift in lying

Lie on your back. Place your good hand under the elbow of your operated arm and use it to lift the operated arm towards the ceiling — your operated shoulder stays relaxed and does the work for you. Do NOT lift past shoulder height (about 90°) in this phase. Lower slowly back to the start.

10 times, 2–3 times a day

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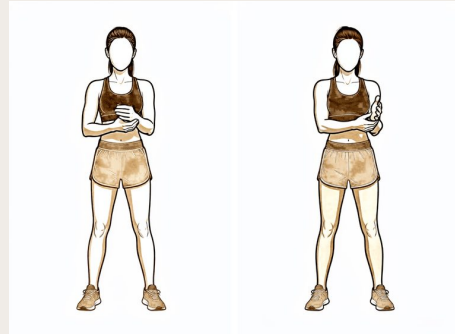


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Cradled arm-out-to-the-side

Sitting and leaning forwards slightly, cradle your operated arm with your good arm and help it out to the side — like rocking a baby. Your operated shoulder stays relaxed; your good arm does the moving.

10 times, 2–3 times a day

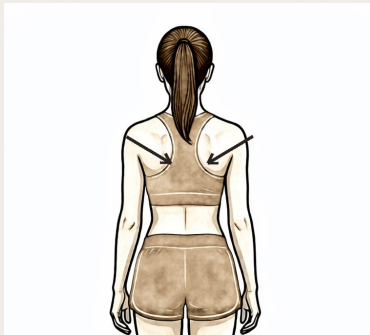


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Assisted external rotation to neutral

Sitting or standing, keep your elbow tucked at your side and start with your hand resting on your stomach. Gently turn your forearm outwards only as far as the straight-ahead (neutral) position — no further. Do NOT rotate past neutral. Slowly return.

10 times, 2–3 times a day



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Shoulder-blade setting

Gently squeeze your shoulder blades downwards and together, hold, then relax. This is a light muscle-activation drill — your arm does not move.

Hold 5 seconds, 5 times, 2–3 times a day



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Neck side-stretch

Use your good arm to gently bring your ear towards your good shoulder, away from the operated side, until you feel a comfortable stretch in your neck.

Hold 10 seconds, 3 times, 2–3 times a day



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Neck stretch towards the armpit

Use your good arm to gently bring your nose down towards your armpit, away from the operated side, until you feel a comfortable stretch.

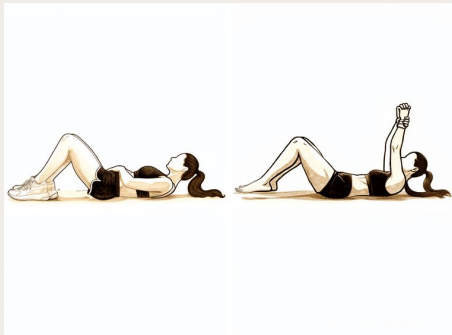
Hold 10 seconds, 3 times, 2–3 times a day

The first six weeks are about one thing: protecting the repair while the tendon starts to heal onto the bone. You stay in the simple sling for daytime support, sleep out of it, manage swelling with ice, and do gentle drills that keep your hand, wrist, elbow and neck moving **without** loading the repaired tendon. Your physiotherapist (or you, with help from your good arm) gently moves the shoulder for you – you stay completely relaxed.

- **Sling:** simple sling for daytime support; sleep OUT of the sling; off for exercises and hygiene.
- **Movement allowed:** assisted and passive movement only – nothing under your own shoulder power. Your good arm or a stick does the work. Build assisted forward elevation gradually towards about **90°** (halfway up) early, and assisted outward rotation only as far as the straight-ahead (neutral) position.
- **Exercises:** pendulum swings; assisted forward lift in lying; cradled arm-out-to-the-side; assisted external rotation to neutral; gentle hand, wrist and elbow movement; shoulder-blade and neck drills.

Ready for the next phase when: your pain is settling and controlled with simple pain relief (about 3/10 or less); assisted forward elevation reaches about 90° comfortably; assisted outward rotation reaches the neutral position comfortably; your wound has healed with no signs of a problem; and there is no sign the repair has been over-stressed.

Small-medium tears – Phase II: Restoring movement (weeks 6–12)

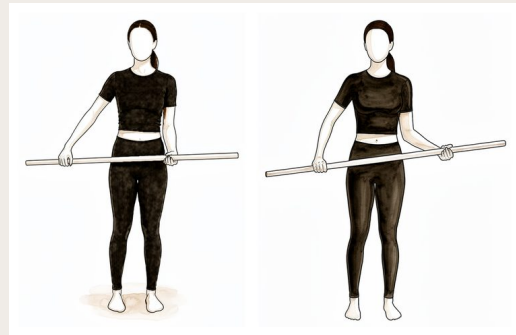


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Assisted forward lift in lying

Lying on your back, hold a stick in both hands and use your good arm to lift the operated arm forwards and up — the operated shoulder stays relaxed. Build towards about 120° (roughly two-thirds of the way up) over this phase, staying within the range your physiotherapist sets. Move smoothly, never force, and lower with control.

10 times, 2–3 times a day

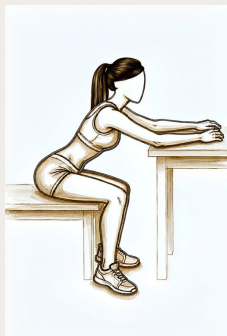


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Assisted external rotation with a stick

Lying on your back, elbow tucked at your side and bent to 90°, hold a stick in both hands and use your good arm to push the operated hand gently outwards. Stay within the range your physiotherapist sets and never force it.

10 times, 2–3 times a day

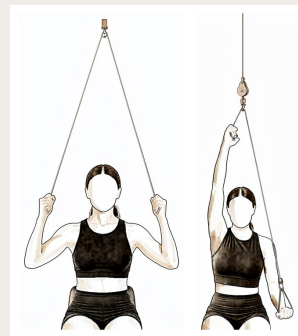


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Seated table slide

From about week 6, sit at a table with your operated hand on a towel. Slide the hand forwards along the surface so the arm reaches forwards and up, letting the table take the weight, then slide back. The same drill can be done out to the side as your physiotherapist directs.

10 times, 2–3 times a day

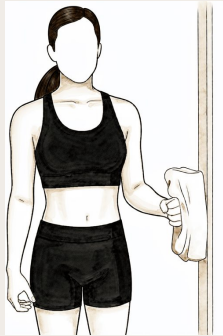


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Over-door pulley

From about week 6, sit under an over-door pulley with a handle in each hand. Pull down with your good arm to raise the operated arm, keeping the operated arm relaxed, then lower it slowly.

As guided by your physiotherapist

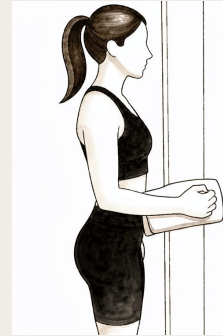


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Isometric external rotation

From about week 8, if your physiotherapist agrees. Stand with your elbow tucked at your side and bent to 90°, the back of your hand near a wall or door frame. Press the back of your hand gently outwards into the surface **WITHOUT** letting the arm move — a gentle effort, about a quarter of your strength, with no pain. Hold, then relax.

Hold ~5 seconds, gentle (~25% effort), as guided by your physiotherapist



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Isometric internal rotation

From about week 8, if your physiotherapist agrees — but **NOT** before week 12 if the front cuff tendon (subscapularis) was repaired. Stand with your elbow tucked at your side, palm against a wall. Press the palm gently inwards **WITHOUT** letting the arm move — about a quarter effort, with no pain. Hold, then relax.

Hold ~5 seconds, gentle (~25% effort), as guided by your physiotherapist

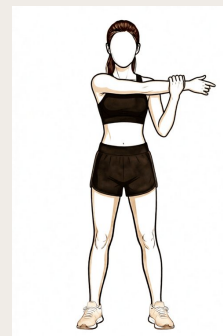


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Isometric abduction

From about week 8, if your physiotherapist agrees. Stand side-on with the outside of your upper arm near a wall, elbow at your side. Press the arm gently outwards into the wall **WITHOUT** letting it move — about a quarter effort, no pain. Hold, then relax.

Hold ~5 seconds, gentle (~25% effort), as guided by your physiotherapist



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Cross-body stretch

Late in this phase only (after week 9). Use your good hand to draw the operated arm gently across your chest until you feel a comfortable stretch at the back of the shoulder. Keep it gentle — do not force.

Hold 10–20 seconds, a few times, as guided by your physiotherapist

The repair is healing but still weak — only about 20–30% of normal strength at six weeks. So this phase restores **movement**, not strength. The sling is now off. You progress from assisted movement to moving the arm under your own power — starting in easy positions (lying down, or sliding along a table where gravity is taken out) and building towards upright. Light muscle-activation (isometric) drills are added late in the phase.

- **Sling:** weaned off (already mostly weaned by weeks 4–6).

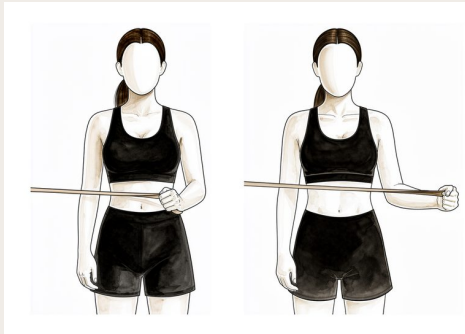
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- **Movement allowed:** full assisted movement, building to movement under your own power from about week 6. Build assisted/active forward elevation towards about **120°** and beyond.
- **Exercises:** assisted forward lift in lying; assisted external rotation with a stick; seated table slide; over-door pulley; gentle isometric (press-and-hold) external rotation, internal rotation and abduction from about week 8; cross-body stretch late in the phase (after week 9).

Ready for the next phase when: you can lift the arm forwards under your own power to at least 115–120° with good control (no shrugging or hitching of the shoulder blade); your assisted/passive movement is full or nearly full and pain-free; gentle isometrics are tolerated without a pain flare-up afterwards; and pain is no more than about 2/10 before resisted work begins.

Small-medium tears – Phase III: Strengthening (weeks 12–16)

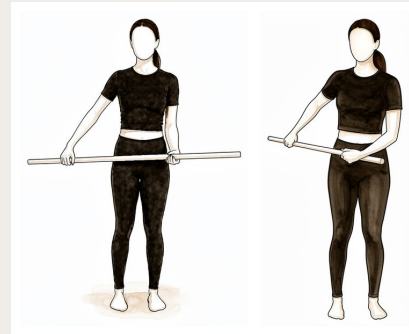


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External rotation at shoulder height (band)

From about week 12, once overhead movement is comfortable. With your arm raised to shoulder height out to the side and the elbow bent to 90°, rotate the forearm upwards against a light band, then return with control. Use a light band and many repetitions, not heavy resistance.

As guided by your physiotherapist

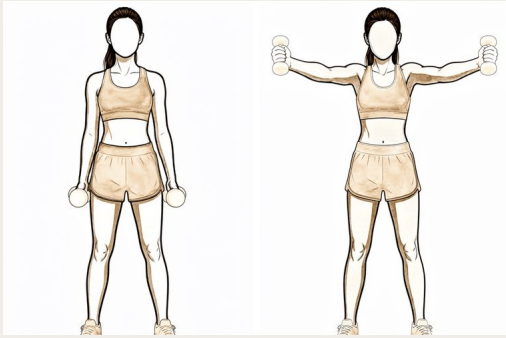


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Internal rotation with a stick

From about week 12 (later if the front cuff tendon was repaired). Hold a stick behind your back and use your good hand to draw the operated hand gently up your back, then lower with control. Keep it comfortable and within your physiotherapist's limits.

As guided by your physiotherapist

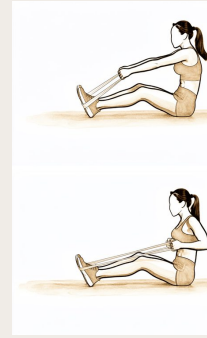


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Full-can lift

From about week 12, once forward lifting is comfortable. Raise your arm forwards and slightly out to the side with your THUMB POINTING UP – the “full can” position – then lower with control. NEVER raise with the thumb pointing down (“empty can”).

As guided by your physiotherapist

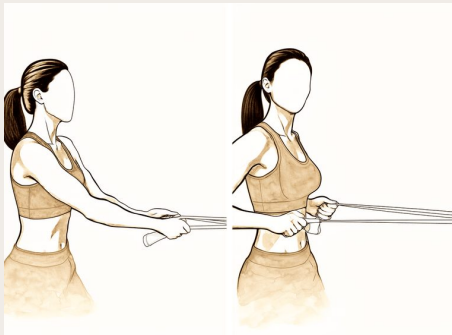


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Low row (shoulder-blade setting)

From about week 12. With your hand on a fixed surface beside you, press down and back to draw the shoulder blade down and in, holding briefly. This steadies the shoulder blade (your physiotherapist may call it an “inferior glide”).

As guided by your physiotherapist



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Resistance-band row

From about week 12. With a band anchored in front of you, pull the handles towards you, drawing your elbows back and squeezing your shoulder blades together, then return with control. Light band, high repetitions; stop if the shoulder becomes painful.

As guided by your physiotherapist

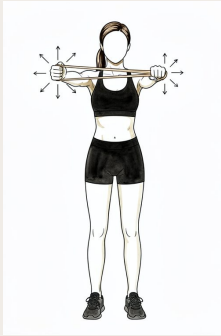


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Sleeper stretch

From about week 12, if your physiotherapist directs it. Lie on your operated side with the arm forwards and elbow bent. Use your top hand to gently press the forearm down towards the bed until you feel a comfortable stretch at the back of the shoulder. Gentle only — do not force.

Hold 10–20 seconds, a few times, as guided by your physiotherapist



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Rhythmic stabilisation

With your arm supported in front of you at about shoulder height, have your physiotherapist (or your good hand) apply small, gentle pushes from different directions while you hold the arm still and steady — do not let it move. This trains the shoulder's stabilising muscles to react. Keep all the efforts gentle.

As guided by your physiotherapist

This is where the repair matures fastest, and the focus shifts from regaining movement to rebuilding strength, endurance and control. Resistance work with light bands and light weights starts from about week 12 – high repetitions, low loads. The golden rule is **one plane at a time**: you only strengthen in a direction once you have near-full, comfortable movement in that direction. Always lift with the thumb up, never thumb-down.

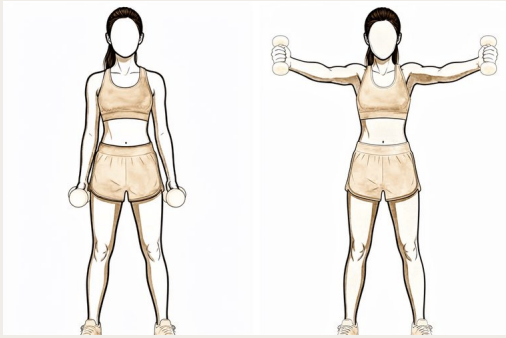
- **Sling**: none; full movement expected.
- **Exercises**: band external rotation at shoulder height; internal rotation with a stick; full-can lift; low row (shoulder-blade setting); resistance-band rows; sleeper stretch. Your physiotherapist may also add **rhythmic stabilisation** – gentle hold-steady drills where they push lightly on your arm and you resist – to retrain control; this is hands-on work with no diagram.

Ready for the next phase when: you have full, pain-free movement under your own power with even shoulder-blade control; no pain or swelling after strengthening sessions; comfortable resisted lifting in the shoulder-blade plane; and rotation strength building towards the other side (around 80% on gentle testing – full strength testing waits until much later).

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Small-medium tears – Phase IV: Return to sport and work (weeks 16–24)



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Full-can lift with a light weight

The full-can lift as before, now with a light weight, building the load gradually. Keep the THUMB UP. Stop if the shoulder is painful or swells afterwards.

As guided by your physiotherapist

This phase is the bridge back to a fully working shoulder, then a graduated return to sport and heavier work. You keep the range you have won and build the strength, power and endurance to use it confidently – reaching, carrying, working overhead. Returns are staged, not sudden; for sport, an interval programme that builds up volume and intensity step by step is the safest route back.

- **Sling:** none.
- **Exercises:** full-can lift with a light, gradually increasing weight; sport- and work-specific conditioning, progressive loading, and controlled higher-speed (plyometric) drills late in the phase as appropriate.

Ready to return when: your rotation strength is at least 85–90% of the other side; you have full, pain-free movement with no reactive swelling under heavier load; and you pass the task-specific tests for your sport or job. Return to sport or heavy work is usually around 4–6 months – based on meeting these criteria and on Dr Hirpara’s and your physiotherapist’s clearance, not the calendar alone.

Large / massive tears

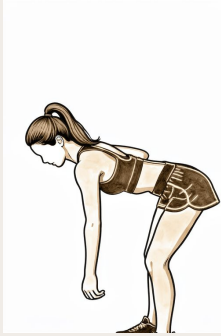
This is the track for bigger tears (two or more tendons, or poorer tissue quality). The phases are the **same**, but each is **held longer and progressed more cautiously** to favour healing. Some surgeons deliberately delay

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formal therapy in this group – follow the specific instruction Dr Hirpara gives you. The sling is still a **simple sling** – no abduction pillow, even for large or massive tears.

Large-massive tears – Phase I: Protection (weeks 0–6)

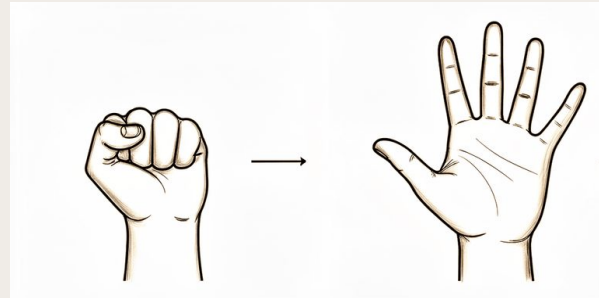


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Pendulum swings

Lean forwards and let your operated arm hang down, completely relaxed. Make small circles by rocking your body, **NOT** by using your shoulder muscles. Your operated arm stays relaxed throughout.

10 in each direction, 2–3 times a day

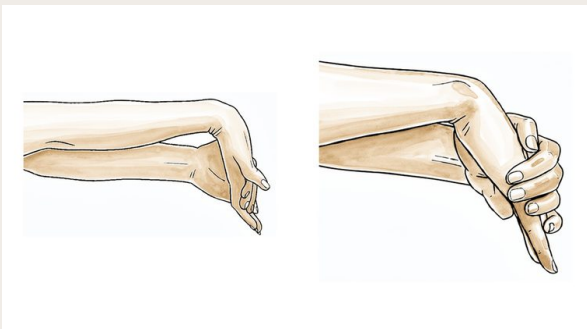


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Open and close hand

Make a tight fist, then open your hand fully. Keeps the hand moving and reduces swelling.

10 times per hour

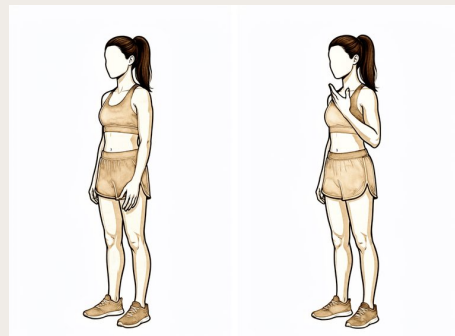


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Active wrist bends

Gently bend your wrist forwards, then back, as far as is comfortable.

10–15 times per hour



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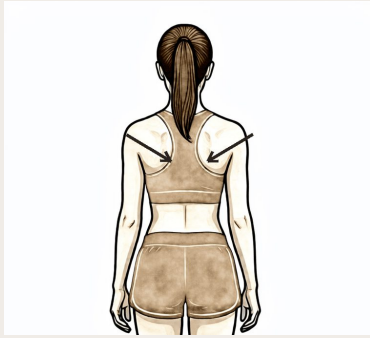
Active elbow bends

With your palm up, gently bend your elbow, then straighten it, keeping your upper arm tucked at your side.

10–15 times, 2–3 times a day

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Shoulder-blade setting

Gently squeeze your shoulder blades downwards and together, hold, then relax. Your arm does not move.

Hold 5 seconds, 5 times, 2–3 times a day

As for the small/medium track, but movement is kept strictly protected and progressed more slowly. Your physiotherapist or good arm moves the shoulder for you; you stay relaxed. In this group, formal therapy is sometimes delayed to favour healing.

- **Sling:** simple sling for daytime support; sleep OUT of the sling; off for exercises and hygiene.
- **Movement allowed:** protected passive movement only, to the limit Dr Hirpara sets – generally less than the small/medium track.
- **Exercises:** pendulum swings; gentle protected assisted movement as directed; hand, wrist and elbow movement; shoulder-blade setting.

Ready for the next phase when: your pain is controlled; there is no sign the repair has been over-stressed; and Dr Hirpara clears you to progress (this group is individualised – do not advance on the calendar alone).

Large-massive tears – Phase II: Restoring movement (weeks 6–12)

The sling comes off around week 6, but active movement under your own power is reintroduced **later and more individually** than in the small/medium track, to protect the repair longer. Resisted cuff work is deliberately held back.

- **Sling:** weaned around week 6.

CQ HAND + UPPER LIMB

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- **Movement allowed:** assisted movement progressing towards movement under your own power **later than the small/medium track** – the exact timing is set by your physiotherapist based on how you are healing.
- **Exercises:** the same drills as the small/medium Phase II (assisted forward lift, assisted external rotation with a stick, table slide, over-door pulley), but progressed more slowly; resisted cuff work is deferred.

Ready for the next phase when: your movement under your own power is steadily improving; assisted/passive movement is full; you have good shoulder-blade control; and your team is satisfied the repair is healing well enough to begin loading.

Large-massive tears – Phase III: Strengthening (from about week 16)



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Rhythmic stabilisation

With your arm supported in front of you at about shoulder height, have your physiotherapist (or your good hand) apply small, gentle pushes from different directions while you hold the arm still and steady – do not let it move. This trains the shoulder's stabilising muscles to react. Keep all the efforts gentle.

As guided by your physiotherapist

Strengthening is **delayed to around week 16** rather than week 12, because the larger repair needs longer to mature. From there, the progression is the same as the small/medium strengthening phase – light bands and weights, high repetitions, low loads, one plane at a time, always thumb-up.

- **Sling:** none; full movement expected.
- **Exercises:** as for the small/medium strengthening phase (band external rotation, internal rotation with a stick, full-can lift, low row, band rows, sleeper stretch), started later and built up gradually. Rhythmic stabilisation (hands-on hold-steady drills) may be added as control improves.

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Ready for the next phase when: you have full, pain-free movement under your own power; no pain or swelling after strengthening; and your strength is building evenly compared with the other side.

Large-massive tears – Phase IV: Return to sport and work (6 months onward)

The return to sport and heavy work sits **later** for large and massive tears – usually **six months or more, and often longer** – with a slower, lower-rate return. The build-up is the same staged, criteria-based approach as the small/medium track.

- **Sling:** none.
- **Exercises:** progressive loading and sport- or work-specific conditioning, built up gradually.

Ready to return when: both Dr Hirpara and your physiotherapist clear you; your rotation strength is at least 85% of the other side; and you have full, pain-free movement and endurance with no reactive swelling under load. Expect six months or more – often longer – and base the decision on meeting these criteria, not the calendar.

Returning to sport and work

For **every** repair, the return is **criteria-based** – pain-free, with adequate range, strength and endurance – and signed off by both Dr Hirpara and your physiotherapist, not decided by the calendar alone.

- **Small / medium tears:** sedentary work within a few weeks; heavier strengthening from 12–16 weeks; **return to sport or heavy work from around 4–6 months.**
- **Large / massive tears: 6 months or more, frequently longer,** with a slower and more cautious build-up.

For overhead and throwing sports, complete a graded interval programme before unrestricted play. Full (maximal) strength testing is deferred until 9–12 months after surgery.

Your early exercises

These are the gentle exercises for the early (protection) phase, starting on the ward and continuing at home – done with your operated arm **out of the sling** and your shoulder muscles **relaxed**. Start them as guided by your physiotherapist, and stop anything that causes sharp shoulder pain. They appear under each track's Phase I above.

After your protocol

This protocol works alongside the practice's general recovery advice – see [managing post-operative pain](#) and [wound care](#). For the operation itself, see [rotator cuff repair](#).