

Table 1. Description of studies

Author, year	Study design	Population	Intervention	Control	Reported outcome measures	Follow-up measurements and duration
Düzgün (2014)	Clinical research	Total of 40 patients with stage 2 or 3 rotator cuff tear as determined by MRI who underwent arthroscopic rotator cuff repair for a full-thickness tear. All the patients had non-traumatic degenerative tears. The patients were referred for rehabilitation by a single orthopedic surgeon to the Sports Physiotherapy Unit, and were enrolled in this study. ACCEL: n=19 patients SLOW: n=21 patients	Accelerated (ACCEL) protocol Patients enrolled in the ACCEL group were given 6 weeks of preoperative rehabilitation. The ACCEL protocol was initiated at the 2nd postoperative week and included soft tissue mobilization for the scapulothoracic and glenohumeral joint along with motion exercises. Active ROM exercises with scapular plane elevation, flexion and abduction was initiated at the 3rd week as long as the patient reported no pain at rest with their surgically repaired shoulder. Active exercises were delayed by 1 week in 1 patient due to pain upon removal of the support which later resolved. Light resistive elastic resistance (Thera-Band, red color-coded) exercises were initiated at the 4th postoperative week. The ACCEL protocol was applied 3 days a week for 6 weeks.	Slow (SLOW) protocol In the SLOW group, soft tissue mobilization for the scapulothoracic and glenohumeral joint along with passive ROM exercises were initiated at the 4th postoperative week. Active ROM in scapular plane elevation, flexion and abduction was initiated at the 6th week and light resistive elastic resistance exercises at the 8th week. The protocol was applied 3 days a week for 14 weeks.	Shoulder flexion, abduction, external and internal rotation. Active total elevation	Postoperative weeks 3, 5, 8, 12, and 24.
Jensen (2018)	Prospective, randomized,	120 patients were included after	Group of patients immobilized in a simple sling for 3 weeks.	Group of patients with a brace with a small abduction	MRI, WORC index, en CM (Constant Murley) score.	Follow-up measurement at 6

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	controlled non-inferiority trial	arthroscopic rotator cuff repair surgery for a small – to medium-sized tear of supraspinatus and upper infraspinatus tendons. I: n=60 patients C: n=58 patients	All patients started active range of motion when they removed the sling.	pillow with the arm in neutral position for 6 weeks. All patients started active range of motion when they removed the brace.		weeks, 3, 6, and 12 months.
Zhang (2017)		132 patients underwent arthroscopic repair of a large size rotator cuff tear, patients were recruited and divided into intervention (66 cases) and control (66 cases) group.	After surgery, the affected limbs were immobilized and suspended by using brackets in the two groups to keep the shoulder joint at 30 degrees abduction and 0 degrees external rotation. The patients in the observation group began exercise at 24 h postoperative and the motion range was gradually increased, active external rotation and back extensor exercise began at 72 h postoperative, strength training of the deltoid started 1 w postoperatively and muscular counterforce training started 6 w after surgery. The affected limbs were immobilized in the control group until 6 w after surgery, and the motion range of the shoulder joint was gradually increased.		Pain (VAS), passive motion of the shoulder joint was evaluated including anteflexion, abduction, external and internal rotation (Constant shoulder score and UCLA score).	3, 6 and 12 months after surgery.

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