

Supplemental material 2

Table 1. Summary of systematic reviews and meta-analyses.

Author (year)	Sample Size	Evidence	Inclusion Criteria	Intervention/Comparison	Outcomes	Results
Chan et al., 2014 [16]	370	RCTs or <i>quasi</i> RCTs	<ul style="list-style-type: none"> • 18 years and older • Full-thickness • Arthroscopic repair 	Early: up to 2 wks of immobilisation Delayed: at least 4 wks of immobilisation	ASES, CM, DASH, re-tear rate, ROM, SST, WORC	No difference for functional outcomes, relative risk of re-tears and ROM.
Chang et al., 2015 [18]	482	RCTs	<ul style="list-style-type: none"> • Non-traumatic tears • Arthroscopic repair 	Early: up to 3 wks of immobilisation Traditional: after 3 wks	ASES, CM, DASH, re-tear rate, ROM, UCLA	Early rehabilitation improves stiffness, but not function. Higher re-tear rates for larger tears in early group.
Chen et al., 2015 [23]	445	RCTs	<ul style="list-style-type: none"> • Arthroscopic repair • Comparison early x delayed 	Early: mobilisation starting in the first day post-surgery Delayed: not earlier than 3 wks and not later than 6 wks,	ASES, ROM, re-tear rate	Early rehabilitation improves ROM, but has higher re-tears rate; Delayed group has better ASES

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Gallagher et al., 2015 [34]	480	RCTs	<ul style="list-style-type: none"> • Minimum 6 months FU • Comparison early x delayed • Healing assessment 	Early: NA Delayed: NA	ASES, CM, DASH, SST, UCLA, VAS, re-tear rate, ROM	Functional outcomes and ROM improves in the first 3-6 months FU only. No difference for re-tear rate.
Huang et al., 2013 [20]	611	RCTs	<ul style="list-style-type: none"> • Rotator cuff repair • English language • Full text 	Aggressive: NA Traditional: NA	Shoulder function, re-tear rate, ROM, VAS	Aggressive protocol enhances ROM and shoulder function; traditional has lower re-tear risk.
Kluczynski et al., 2014 [24]	1776	CS, PCS, RCTs	<ul style="list-style-type: none"> • Rotator cuff repair • Comparison of Rotator cuff healing 	Early: within 1 week after surgery Delayed: between 3 to 6 weeks	Re-tear rate	For tears ≤ 3cm, re-tear is lower in the early group. For tears > 5cm, re-tear is higher in the early group.

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Littlewood et al., 2015 [17]	819	RCTS	<ul style="list-style-type: none">• 18 years and older• Rotator cuff repair• RCTs• English Language	Early: NA Delayed: NA	Disability, pain, re-tear rate	No differences for pain, disability or re-tear ratio between early and late, for short or long FU.
Riboh & Garrigues, 2014 [21]	451	RCTs for MAs Non-RCTs for narrative analysis	<ul style="list-style-type: none">• Arthroscopic repair• Randomisation• Minimum 1 year FU• English Language	Early: up to 4 wks of immobilisation Immobilisation: 4 to 6 wks	Re-tear rate, ROM	Early protocol improves shoulder flexion at 3, 6 and 12 months FU, and external rotation at 3 months FU only. No difference for re-tear risk.

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Shen et al., 2014 [15]	265	RCTs	<ul style="list-style-type: none"> • Arthroscopic repair • Minimum 1 year FU 	Early: NA Immobilisation: NA	ASES, re-tear rate, ROM, SST, VAS	Statistical difference in favour of early rehabilitation for external rotation at 6 months FU. No differences for functional outcomes or re-tear rate/tendon healing
Yi et al., 2015 [22]	572	RCTs	<ul style="list-style-type: none"> • English language • Comparison early x delayed • Level of evidence 1 and 2 	Early: according to study Late: according to study	ASES, CM, VAS, re-tear rate, ROM, UCLA	No difference between groups for all outcomes.

ASES: American Shoulder and Elbow Surgeons, CM: Constant-Murley Score, cm: centimetres, CS: Case series, FU: Follow-up, MA: Meta-analysis, NA: Not Available, PCS: Prospective Cohort Study, ROM: Range Of Motion, SST: Simple Shoulder Test Score, RCT: Randomised Controlled Trial, VAS: Visual Analogue Scale, wks: weeks, vs.: versus.

