

Subscapular Repair Rehabilitation Protocol

Phase 1

(0-6 weeks post-op)

Range of Motion

0-3 weeks: None

3-6 weeks: Begin PROM

Limit 90° flexion, 45° ER, 20° extension

Immobilizer

0-2 weeks: Immobilized at all times day and night

Off for hygiene and gentle exercise according to instruction sheets

2-6 weeks: Worn daytime only

Therapeutic Exercise

0-2 weeks: Elbow/wrist ROM, grip strengthening at home only

2-6 weeks: Begin PROM activities

Limit 45° ER

Codman's, posterior capsule mobilizations; avoid stretch of anterior capsule and extension; No active IR

Phase 2

(6-12 weeks post-op)

Range of Motion

Begin active/active assisted ROM, passive ROM to tolerance Goals: full ER, 135° flexion, 120° abduction

Immobilizer

None

Therapeutic Exercise

Continue Phase 1 work; begin active assisted exercises, deltoid/rotator cuff isometrics at 8 weeks

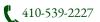
Begin resistive exercises for scapular stabilizers, biceps, triceps and rotator cuff*

No resisted IR



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Phase 3

(12-16 weeks post-op)

Range of Motion

Gradual return to full AROM

<u>Immobilizer</u>

None

Therapeutic Exercise

Advance activities in Phase II; emphasize external rotation and latissimus eccentrics, glenohumeral stabilization

> Begin muscle endurance activities (upper body ergometer) Cycling/running as tolerated at 12 weeks

Phase 4

(4-5 months** post-op)

Range of Motion

Full & Pain-free

Immobilizer

None

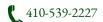
Therapeutic Exercise

Aggressive scapular stabilization and eccentric strengthening Begin plyometric and throwing/racquet program, continue with endurance activities Maintain ROM and flexibility



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Phase 5

(5-7 months post-op)

Range of Motion

Full & Pain-free

Immobilizer

None

Therapeutic Exercise

Progress Phase IV activities, return to full activity as tolerated

*Utilize exercise arcs that protect the anterior capsule from stress during resistive exercises, and keep all strengthening exercises below the horizontal plane in phase II **Limited return to sports activities



Dr. Mark Slabaugh