

Rehabilitation Protocol: Rotator Cuff Repair-Subscapularis

Weeks 1-2: Rest and Healing

Sling Immobilizer: At all times except exercises

HEP: Distal ROM with scapular retraction

Manual scapular manipulation with patient lying on non-operative side

Supine passive FF in scapular plane to 90

Supine passive ER to 0

Weeks 2-6: Protective/Early Motion Phase

Sling Immobilizer: The patient may start to wean the sling at week 4 (Four)

PROM: Forward flexion in scapular plane – limit 130

External rotation 20 degrees

Internal rotation 30 degrees

Therapeutic exercises: Codmans, wand exercises

Strengthening: RTC isometrics with arm in 0 deg abduction and neutral rotation

Scapular stabilization, no resistance

Abdominal and trunk exercises

Weeks 7-12: Early Strengthening Phase

PROM/AAROM: FF/ ER/ IR - Full (go slow with ER)

Therapeutic exercises: -Cont wand exercises for ER/IR/FF

-Flexibility, horizontal adduction (post capsule stretching)

Strengthening: RTC isotonic strengthening exercises

- AROM: side-lying ER and supine FF in scapular plane

- Progress to standing FF

- ER/IR @ modified neutral w/ elastic bands

Progress to rhythmic stabilization exercises

Progress to closed chain exercises

Weeks 12+: Late Strengthening Phase

Progress isotonic strengthening: periscapular and RTC musculature

- Lat pull downs

- Row machine

- Chest press

Flexibility: side-lying post capsule stretch

Progress scapular stabilization program

Initiate isokinetic strengthening (IR/ER) in scapular plane

Begin light plyometrics at 16-18 weeks :

Individualize program to meet demands of sport specific requirements at 20-24 weeks

Initiate throwing program for overhead athletes at 20-24 weeks