

## Isolated Subscapularis Repair

### PHASE I (surgery to 2 weeks after surgery)

Appointments	<ul style="list-style-type: none"> <li>• Rehabilitation appointments begin 5-8 days after surgery</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>• Reduce pain and swelling in the post-surgical shoulder</li> <li>• Maintain AROM of elbow, wrist and neck</li> <li>• Protect healing of repaired tissues</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>• Use sling continuously except while doing therapy</li> <li>• Relative rest to reduce inflammation</li> </ul>
Suggested Therapeutic Exercise	<ul style="list-style-type: none"> <li>• Elbow, wrist and neck AROM</li> <li>• Ball squeezes</li> <li>• Completely PROM for flexion and abduction (0° - 50°)</li> </ul>
Cardiovascular Fitness	<ul style="list-style-type: none"> <li>• Walking, stationary bike with sling on. No Treadmill, Stairmaster or swimming</li> <li>• Avoid running and jumping due to the forces that can occur at landing</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>• 14 days after surgery</li> </ul>

### PHASE II (begin after meeting Phase I criteria, usually 2 weeks after surgery)

Appointments	<ul style="list-style-type: none"> <li>• Rehabilitation appointments are 1-2 times per week</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>• Controlled restoration of PROM and/or AAROM</li> <li>• Correct postural dysfunctions</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>• Continue use of sling for sleep and activities during the first 6 weeks, weaning out of the sling slowly based on the safety of the environment after 6 weeks</li> <li>• No ER motion beyond neutral for the first 6 weeks (protect repair)</li> <li>• No resisted IR for the first 6 weeks (protect repair)</li> </ul>
Suggested Therapeutic Exercise	<ul style="list-style-type: none"> <li>• PROM and/or AAROM for the shoulder as tolerated for flexion and abduction</li> <li>• Gentle shoulder mobilizations as needed</li> <li>• Isometric rotator cuff strengthening in non-provocative positions. No internal rotator or subscapularis strengthening</li> <li>• Scapular strengthening with arm in neutral</li> <li>• Cervical spine and scapular AROM</li> <li>• Postural exercises</li> <li>• Core strengthening</li> </ul>
Cardiovascular Fitness	<ul style="list-style-type: none"> <li>• Walking and stationary bike. No treadmill, Stairmaster or swimming</li> <li>• Avoid running and jumping until athlete has full rotator cuff strength in a neutral position due to forces that can occur at landing</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>• 6 weeks after surgery</li> </ul>

## Rehabilitation Guidelines for Isolated Subscapularis Repair

### PHASE III (begin after meeting Phase II criteria, usually 6 weeks after surgery)

<b>Appointments</b>	<ul style="list-style-type: none"> <li>• Rehabilitation appointments are 1 time every 1-2 weeks</li> </ul>
<b>Rehabilitation Goals</b>	<ul style="list-style-type: none"> <li>• Full AROM in all planes</li> <li>• Normal (rated 5/5) strength for IR/ER at 0° abduction</li> <li>• Correct postural dysfunction</li> </ul>
<b>Precautions</b>	<ul style="list-style-type: none"> <li>• Begin ER ROM past neutral and resisted IR gradually to assess response and allow for progress adaptation</li> </ul>
<b>Suggested Therapeutic Exercise</b>	<ul style="list-style-type: none"> <li>• IR/ER isotonic with theraband or weights that begin at 0° abduction and gradually increases abduction as strength improves</li> <li>• OKC shoulder rhythmic stabilizations in supine at 90° elevation (stars or alphabet)</li> <li>• Gentle CKC shoulder and scapular stabilization drills</li> <li>• Proprioceptive neuromuscular facilitation (PNF) patterns</li> <li>• Side lying shoulder flexion</li> <li>• Scapular strengthening</li> <li>• AROM, AAROM and/or PROM as needed</li> <li>• Core strengthening</li> <li>• Begin trunk and hip mobility exercises</li> </ul>
<b>Cardiovascular Fitness</b>	<ul style="list-style-type: none"> <li>• Walking and stationary bike. No treadmill, Stairmaster or swimming</li> <li>• Avoid running and jumping until athlete has full rotator cuff strength in a neutral position due to forces that can occur at landing</li> </ul>
<b>Progression Criteria</b>	<ul style="list-style-type: none"> <li>• Full AROM (equal to uninjured) and normal (rated 5/5) strength for IR/ER at 30° abduction</li> </ul>

### PHASE IV (begin after meeting Phase III criteria, usually 12 weeks after surgery)

<b>Appointments</b>	<ul style="list-style-type: none"> <li>• Rehabilitation appointments are 1 time every 2-3 weeks</li> </ul>
<b>Rehabilitation Goals</b>	<ul style="list-style-type: none"> <li>• Normal (rated 5/5) rotator cuff strength and endurance at 90° abduction and scaption</li> <li>• Advance proprioceptive and dynamic neuromuscular control retraining</li> <li>• Correct postural dysfunctions with work and sport specific tasks</li> <li>• Develop strength and control for movements required for work or sport</li> </ul>
<b>Precautions</b>	<ul style="list-style-type: none"> <li>• Post-rehab soreness should alleviate within 12 hours of the activities</li> </ul>

## Rehabilitation Guidelines for Isolated Subscapularis Repair

<b>Suggested Therapeutic Exercise</b>	<ul style="list-style-type: none"> <li>• Multi-plane AROM with gradual increase in velocity of movement - assessing scapular rhythm</li> <li>• Shoulder mobilizations as needed</li> <li>• Rotator cuff strengthening in at 90° abduction and overhead</li> <li>• Scapular strengthening and dynamic neuromuscular control in OKC and CKC positions</li> <li>• Core and lower body strengthening</li> <li>• At about 16-18 weeks, begin education in sport specific biomechanics with initial program for throwing – low velocity, focusing on movement control (air throws and light toss)</li> </ul>
<b>Cardiovascular Fitness</b>	<ul style="list-style-type: none"> <li>• Walking, stationary bike, Stairmaster. No treadmill or swimming</li> <li>• May begin light jogging and running if patient has full rotator cuff strength in neutral and normal AROM</li> </ul>
<b>Progression Criteria</b>	<ul style="list-style-type: none"> <li>• Full AROM in all planes and multi-plane movements</li> <li>• Normal (rated 5/5) strength at 90° abduction</li> <li>• Negative impingement signs</li> </ul>

### PHASE V (begin after meeting Phase IV criteria, usually 16 to 18 weeks after surgery)

<b>Appointments</b>	<ul style="list-style-type: none"> <li>• Rehabilitation appointments are 1 time per week every 2-3 weeks</li> </ul>
<b>Rehabilitation Goals</b>	<ul style="list-style-type: none"> <li>• Normal (rated 5/5) rotator cuff strength at 90° abduction</li> <li>• Advance proprioceptive and dynamic neuromuscular control retraining</li> <li>• Correct postural dysfunctions with work and sport specific tasks</li> <li>• Develop strength and control for movements required for sport/work</li> <li>• Develop work capacity cardiovascular endurance for sport/work</li> </ul>
<b>Precautions</b>	<ul style="list-style-type: none"> <li>• Post-rehab soreness should alleviate within 12 hours of the activities</li> </ul>
<b>Suggested Therapeutic Exercise</b>	<ul style="list-style-type: none"> <li>• Multi-plane AROM with gradual increase in velocity of movement - assessing scapular rhythm</li> <li>• Shoulder mobilizations as needed</li> <li>• Rotator cuff strengthening in at 90° abduction, provocative positions and sport/work specific positions - including eccentric strengthening, endurance and velocity specific exercises</li> <li>• Scapular strengthening and dynamic neuromuscular control in overhead positions and work/sport specific positions</li> <li>• Sport and work specific strengthening</li> <li>• Core and lower body strengthening</li> <li>• Throwing program, swimming program or overhead racquet program, as needed</li> </ul>
<b>Cardiovascular Fitness</b>	<ul style="list-style-type: none"> <li>• Design to use work or sport specific energy systems</li> </ul>
<b>Progression Criteria</b>	<ul style="list-style-type: none"> <li>• The patient may return to sport after receiving clearance from the orthopedic surgeon and the sports rehabilitation provider. This will be based on meeting the goals of this phase</li> </ul>