



Subscapularis Repair

Rehab Protocol

Weeks 0-2:

- Sling Immobilization at all times
 - Can be removed for hygiene and elbow range of motion only
- Active ROM Elbow, Wrist and Hand

Weeks 2-6:

- Sling Immobilization daytime only
- True Passive (ONLY) ROM Shoulder. NO ACTIVE MOTION.
 - Forward elevation to 90 degrees, ER 45 degrees, extension 20 degrees
- Pendulums
- Posterior capsule mobilization; avoid stretch of anterior capsule and extension, no active IR

Weeks 6-12:

- Discontinue sling use.
- Begin Active Assist ROM and advance to Active as Tolerated
 - Full ER, forward elevation 135 degrees, abduction 120 degrees
- Deltoid/ rotator cuff isometrics at 8 weeks
- Begin resistive exercises for scapular stabilizer, biceps, triceps, rotator cuff below horizontal plane
 - Avoid resisted IR

Weeks 12-16:

- Return to full AROM as tolerated
- Advance activities emphasize external rotator, latissimus eccentrics, glenohumeral stabilization
- Begin upper body ergometer
- Cycling/running can begin

4-5 months:

- Advance to full ROM as tolerated
- Advance strengthening as tolerated: Only do strengthening 3x/week to avoid rotator cuff tendonitis
 - Aggressive scapular stabilization and eccentric strengthening
- Begin eccentrically resisted motions, plyometrics (ex. Weighted ball toss)
- Continue endurance activities
- Begin sports related rehab at 5 months, including advanced conditioning
- Return to throwing at 5 months

*Utilize exercise arcs that protect the anterior capsule from stress during resistive exercise and keep all strengthening exercises below the horizontal plane in weeks 2-12

