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ARTHROSCOPIC SUBSCAPULARIS REPAIR REHAB PROTOCOL

0-6 weeks Post-op: Acute Phase

Precautions:

- Avoid resisted range of motion internal rotation for 6 weeks.
- Avoid active range of motion for 4 weeks.
- No external rotation greater than 45 degrees for 4 weeks.
- No abduction greater than 90 degrees for 4 weeks.
- Continue use of sling until physician states otherwise.

Therapeutic Exercises:

- Elbow and forearm active range of motion, progress to resistive range of motion to tolerance.
- Active assisted forward flexion to tolerance, scaption and abduction less than 90 degrees.
- Pendulum exercises.
- Passive and active assisted external rotation to 45 degrees at 0 degrees abduction.
- Passive internal rotation behind the back to tolerance.
- Isometric scapular retractions, depression.
- Submaximal isometric abduction, external rotation, extension.
- Passive range of motion flexion to tolerance, abduction not past 90 degrees, external rotation at 0 degrees abduction not past 45 degrees, internal rotation at 45 degrees abduction to tolerance.

4-6 Weeks Post-op: Range of Motion Stage



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- Active assisted range of motion forward flexion, scaption, and abduction to tolerance achieving full range of motion.
- Passive and active assisted external rotation to tolerance at 45 degrees abduction.
- Continue passive internal rotation behind the back to tolerance.
- Active range of motion forward flexion, scaption, external rotation, extension, horizontal abduction, rows, and internal rotation. Start gravity lessened, progress to standing as tolerated.
- Isotonic tubing scapular retraction.
- PROM to tolerance flexion, abduction, external rotation at 0 degrees abduction and internal rotation at 45 and 90 degrees abduction.

6-9 Weeks Post-op: Strengthening Phase- DISCONTINUE SLING AT 6 WEEKS

- Continue progressive PROM and AAROM to achieve full shoulder ROM.
- Advance external rotation range of motion as tolerated at 90 degrees abduction.
- Initiate progressive resisted exercise shoulder flexion, abduction, external and internal rotation, horizontal abduction, horizontal adduction, extension, adduction, and retraction.
- Initiate rhythmic stabilization internal and external rotation at 0 degrees, 45 degrees, and 90 degrees abduction. Initiate flexion and extension rhythmic stabilization at 90 degrees flexion and horizontal abduction and adduction rhythmic stabilization at 90 degrees flexion.
- Start closed chain stabilization exercise in standing (i.e. wall pushups).
- UBE



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10-12 Weeks Post-op: Advanced Strengthening and Stabilization

- Continue progressive resisted exercise as above.
- Initiate rotator cuff strengthening at 90 degrees abduction.
- Progress closed chain stabilization exercise against body weight (i.e. table pushups progressing to floor, swiss ball stabilization).

12 Weeks onward Post-op: Functional progression

- Continue strengthening as above.
 - Advance strengthening as tolerated: isometrics - bands - light weights (1-5 lbs); 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers
 - Only do strengthening 3x/week to avoid rotator cuff tendonitis
 - Begin eccentrically resisted motions, plyometrics (ex. Weighted ball toss), proprioception (es. body blade)
 - Begin sports related rehab at 4 ½ months, including advanced conditioning
 - Return to throwing at 6 months
 - Throw from pitcher's mound at 9 months
 - Collision sports at 9 months
 - MMI is usually at 12 months post-op
- Begin plyoball training.
- Begin throwing progression.
- Simulate sport specific motion for over-head athletes.