

SUBSCAPULARIS REPAIR PROTOCOL

DR ELRASHIDY – TRI-VALLEY ORTHOPEDICS

SUMMARY

- ◆ Ultra-sling x 6 weeks, Cryotherapy x 2 weeks
- ◆ Begin PT on POD 7-10 (1-2 times/week x 16-20 weeks)
- ◆ Limit External Rotation to 0° (neutral) for 6 weeks
- ◆ No Active Internal Rotation for 6 weeks
- ◆ Begin AROM at 6 weeks, Strengthening at 10 weeks.
 - ◆ No IR strengthening until 12 weeks

PHASE 1: Weeks 0-6 (Passive Range of Motion)

NO PULLEYS, NO ACTIVE MOTION until 6 weeks post-op

No Strengthening or Isometrics until 10 weeks post-op

GOALS/PRECAUTIONS

- ◆ Sling for 6 weeks (unless otherwise ordered by physician)
- ◆ Passive ROM only, limit passive ER and FF as follows:
 - Week 0 - 4
 - ◆ Pendulums as tolerated
 - ◆ Supine Passive FF in scapular plane to 100°
 - ◆ Supine Passive ER to 0°
 - Week 4 - 6
 - ◆ Increase forward flexion in scapular plane by 10° per week
 - ◆ Increase external rotation by 10° per week
 - ◆ Internal rotation goal to 30°
- ◆ Begin elbow AAROM (***No Active Elbow flexion** with **biceps tenodesis** until Week 4)
- ◆ Scapular clocks and scapular retraction/posture/shrugs
- ◆ AROM of wrist & hand, Soft tissue modalities for pain/swelling

PHASE 2: Weeks 6-10 (Begin/Advance Active ROM)

- ◆ Wean out of & discontinue sling by end of Week 6
- ◆ Begin AAROM to AROM as tolerated
- ◆ **Begin pulleys & passive overhead stretching at 6 weeks post-op**
- ◆ Ok to begin internal rotation stretching after Week 8
- ◆ Start AAROM with wand (ER/IR)
- ◆ **Table slides** in varying directions (**NO wall slides**)
- ◆ Prone scapular stabilization/retraction/preset with arms by side

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PHASE 3: Weeks 10-16 (Initiate Strengthening)

A) EARLY PHASE (WEEKS 10-12)

- ◆ Begin low-level isometrics in Flexion, Abduction and ER (**NO IR or Extension**)
- ◆ Begin shoulder **Isotonic** strengthening (cuff, deltoid, scapula) at Week 10 except:
 - ◆ **NO Internal Rotation strengthening until after Week 12**
- ◆ Initiate T-Bands for cuff, peri-scapula and bi/triceps strengthening

B) LATE PHASE (AFTER WEEK 12)

- ◆ Emphasize posterior capsular stretching & scapular mobility
- ◆ Progress to maximal isometrics in all planes
- ◆ Begin progressive resistive cuff & peri-scapular strengthening
 - ◆ Start with eccentric and progress to concentric
- ◆ Progress IR/ER isotonics to 90°. Should be pain-free, without compensatory scapulo-thoracic motion
- ◆ Add anterior chest wall stretching

Notes for strengthening program:

- ◆ Add resistance only gradually to promote remodeling
- ◆ Early emphasis on low weight/high rep exercise to promote muscle hypertrophy
- ◆ Multiple angles: Begin at low level, progress to horizontal as strength improves
- ◆ Use submaximal resistance to painful motions until those motions are pain-free

PHASE 4: Week 17+ (Advanced Strengthening)

- ◆ Start 2-handed plyometrics: Ball toss, chest pass, etc
- ◆ Continue strengthening program with progressive increase in resistance
- ◆ May initiate isokinetic IR/ER rotator cuff strengthening in scapular plane
- ◆ Plank/Core, Isometric Hold in Plank Push-Up position
- ◆ Begin Sports-Specific drills at Week 19 (including long toss)

MONTH 6: RETURN TO SPORT (AFTER CLEARANCE BY ORTHO)

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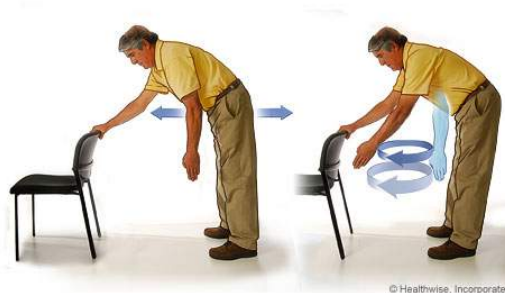
SAMPLE EXERCISES: PHASE 1

With all exercises, monitor symptoms before/after the exercise. Avoid any exercise that increases symptoms for more than 10-15 minutes afterwards

- 1) **Passive Supine Flexion/Forward Elevation:** Lie on your back. Grasp wrist with non-op hand and passively raise operative arm overhead. Aim to get to 90° by 3 weeks. In week 4, progress past 90°. Aim for full ROM after 6 weeks. Keep elbow bent and relaxed. Repeat 10 reps, 1-2 times/day



- 2) **Passive Pendulum Exercise:** Hold onto a chair back with non-op hand and bend forward. Let the operative arm hang down passively. Use body to passively swing arm: Forward, backward, side to side and in small circles. Repeat throughout the day as tolerated



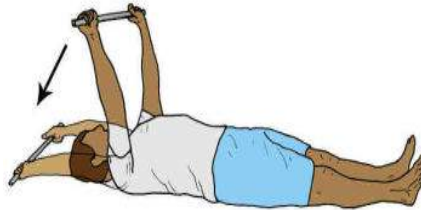
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SAMPLE EXERCISES: PHASE 2

*Only perform after instruction by your therapist

- 1) **Active-assisted flexion with cane:** Lie on back and hold cane with both hands. Use good arm to help raise operative arm above head. Hold for 10-15 seconds, 2 times/day



- 2) **Active-assisted internal/external rotation with cane:** Lie on back and hold a cane with both hands. Use good arm to help roll affected arm outward. Repeat 5-10 reps, 2-3 times/day



- 3) **Table slides:** Sit at a table with hand on a towel. Slide hand forward as far as you can. Return to starting position & repeat 10 times, 1-2 times/day.

