

## **Rotator Cuff Repair-Subscapularis Rehab Protocol**

This rehabilitation protocol has been developed for the patient following a rotator cuff and subscapularis repair. This protocol will vary in length and aggressiveness depending on factors such as size and location of the tear, degree of shoulder instability/laxity prior to surgery, acute versus chronic condition, length of time immobilized and strength, pain swelling and range of motion status. The primary goal of this protocol is to protect the repair while steadily progressing towards and ultimately achieving pre-injury level of activity. Please note this protocol is a guideline. Patients with additional surgery (i.e. subacromial decompression, distal clavicle resection, biceps repair) will progress at different rates. Achieving the criteria of each phase should be emphasized more than the approximate duration. If a patient should develop an increase in pain or swelling or decrease in motion at any time, activity should be decreased until problems are resolved.

*This protocol differs from the typical rotator cuff repair protocol as the subscapularis is put under tension with different positions than the more commonly repaired supraspinatus tendon.*

### **PHASE 1: (WEEKS 0-6) HEALING AND EARLY MOTION**

#### **Weeks 0 – 2**

##### **Restrictions:**

- Wear sling and immobilizer at all times except when showering and home exercises as instructed.
- No active ROM of the shoulder

##### **Exercises:**

- Hand and gripping exercises
- Elbow and wrist exercises

#### **Weeks 3 – 6**

##### **Restrictions:**

- Continue to wear sling and immobilizer at all times except with showering and home exercises as instructed.
  - No active ROM of the shoulder
  - Limit to 90 degrees of flexion and 20 degrees of extension
  - No external rotation beyond 0 degrees\*\*\*
- No elevation above shoulder height when doing table slides\*\*\*

##### **Exercises:**

- Scapular mobilization/stabilization exercises (scapular clocks)
  - Shoulder pendulums/codman exercises
  - Table slides with elevation only to shoulder height
- Continue with elbow, wrist, and hand exercises

## **PHASE 2: (WEEKS 7-12) EARLY STRENGTHENING PHASE**

### **Weeks 7 – 9**

#### **Restrictions:**

- Wean out of sling/discontinue sling
  - External rotation limited to 30 degrees and flexion to 130 degrees
- No resisted internal rotation

#### **Exercises:**

- Continue PROM exercises
  - Begin AROM/AAROM
  - Glenohumeral and scapulothoracic joint mobilizations
  - Deltoid and Rotator cuff isometrics with arm in 0 degrees of abduction and neutral rotation
  - Scapular stabilization exercises
- Start resistive exercises for biceps and triceps

### **Weeks 10 – 12**

#### **Restrictions:**

- External rotation limited to 45 degrees
- Minimal resistance on Internal rotation exercises

#### **Exercises:**

- Continue PROM/AROM/AAROM exercises to full forward flexion
  - Continue Glenohumeral and scapulothoracic joint mobilizations
  - Continue RTC isometrics and scapular stabilization exercises
  - Initiate strengthening exercises
  - Initiate rhythmic stabilization exercises
  - Progress to closed chain exercises
- Minimal resistance on Internal rotation exercises

## **PHASE 3: (WEEKS 13-16) LATE STRENGTHENING PHASE**

#### **Restrictions:**

None

#### **Exercises:**

- Continue Phase 2 range of motion and exercises as needed
  - Progress to full range of motion
  - Progress with isotonic strengthening of periscapular and RTC muscles
  - Progress with strengthening exercises
  - Begin lat pull downs, row machine, chest press
- Initiate isokinetic strengthening (IR/ER) in scapular plane

## **PHASE 4: (WEEKS 16+) SPORT AND WORK SPECIFIC PHASE**

#### **Restrictions:**

None

#### **Exercises:**

- Continue to progress with Phase 3 exercises
  - Initiate plyometrics
  - Sport specific and work specific exercises
- Initiate throwing program in overhead athletes at 20-24 weeks