

SUBSCAPULARIS REPAIR PROTOCOL

I. Zero to Four weeks Post-op: Acute Phase

Precautions:

- A. Avoid resisted range of motion internal rotation for 6 weeks.
- B. Avoid active range of motion/passive range of motion toward external rotation greater than 45 degrees for 4 weeks.
- C. No abduction greater than 90 degrees for 4 weeks.
- D. Continue use of sling until physician states otherwise. (If you are a patient of Dr. Gowan, the sling is for comfort and may be used as needed.)

Therapeutic Exercises:

- A. Elbow and forearm active range of motion, progress to resistive range of motion to tolerance.
- B. Active assisted forward flexion to tolerance, scaption and abduction less than 90 degrees.
- C. Pendulum exercises.
- D. Passive and active assisted external rotation to 45 degrees at 0 degrees abduction.
- E. Passive internal rotation behind the back to tolerance.
- F. Isometric scapular retractions, depression.
- G. Submaximal isometric abduction, external rotation, extension.
- H. 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.

II. Four to Six Weeks Post-op: Range of Motion Stage

- A. Active assisted range of motion forward flexion and scaption and abduction to tolerance achieving full range of motion.
- B. Passive and active assisted external rotation to tolerance at 45 degrees abduction.
- C. Continue passive internal rotation behind the back to tolerance.
- D. Active range of motion, forward flexion, scaption, external rotation,

extension, horizontal abduction, rows, internal rotation, start gravity lessened, progress to standing as tolerated.

F. Isotonic tubing scapular retraction.

H. PROM to tolerance flexion, abduction, external rotation at 0 degrees abduction and internal rotation at 45 and 90 degrees abduction.

III. Six to Nine Weeks Post-op: Strengthening Phase

A. Continue progressive PROM and AAROM to achieve full shoulder ROM.

B. Advance external rotation range of motion as tolerated at 90 degrees abduction.

C. Initiate progressive resisted exercise shoulder flexion, abduction, external and internal rotation, horizontal abduction, horizontal adduction, extension, adduction, retraction.

D. 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.

E. Start closed chain stabilization exercise in standing (i.e. wall pushups).

F. UBE

IV. Ten to Twelve Weeks Post-op: Advanced Strengthening and Stabilization

A. Continue progressive resisted exercise as above.

B. Initiate rotator cuff strengthening at 90 degrees abduction.

C. Progress closed chain stabilization exercise against body weight (i.e. table pushups progressing to floor, swiss ball stabilization).

V. Twelve Weeks Post-op: Functional progression

A. Continue strengthening as above

B. Begin plyoball training.

C. Begin throwing progression.

D. Simulate sport specific motion for over-head athletes.