

Isolated Subscapularis Repair for Rehab Protocol

PHASE I (surgery to 2 weeks after surgery)

Rehabilitation Goals

- Reduce pain and swelling in the post-surgical shoulder
- Maintain AROM of elbow, wrist and neck
- Protect healing of repaired tissues

Precautions

- Use sling continuously except while doing therapy
- Relative rest to reduce inflammation

Suggested Therapeutic Exercise

- Elbow, wrist and neck AROM
- Ball squeezes
- Completely PROM for flexion and abduction (0° - 50°)

Cardiovascular Fitness

- Walking, stationary bike with sling on. No Treadmill, Stairmaster or swimming
- Avoid running and jumping due to the forces that can occur at landing

PHASE II (begin after meeting Phase I criteria, usually 2 weeks after surgery)

Rehabilitation Goals

- Controlled restoration of PROM and/or AAROM
- Correct postural dysfunctions

Precautions

- Continue use of sling for sleep and activities during the first 6 weeks, weaning out of the sling slowly based on the safety of the environment after 6 weeks
- No ER motion beyond neutral for the first 6 weeks (protect repair)

- No resisted IR for the first 6 weeks (protect repair)

Suggested Therapeutic Exercise

- PROM and/or AAROM for the shoulder as tolerated for flexion and abduction
- Gentle shoulder mobilizations as needed
- Isometric rotator cuff strengthening in non-provocative positions. NO INTERNAL ROTATOR OR SUBSCAPULARIS STRENGTHENING
- Scapular strengthening with arm in neutral
- Cervical spine and scapular AROM
- Postural exercises
- Core strengthening

Cardiovascular Fitness

- Walking and stationary bike. No treadmill, Stairmaster or swimming
- Avoid running and jumping until patient has full rotator cuff strength in a neutral position due to forces that can occur at landing

PHASE III (begin after meeting Phase II criteria, usually 6 weeks after surgery)

Rehabilitation Goals

- Full AROM in all planes
- Normal (rated 5/5) strength for IR/ER at 0° abduction
- Correct postural dysfunction

Precautions

- Begin ER ROM past neutral and resisted IR gradually to assess response and allow for progress adaptation (CONTROLLED)

Suggested Therapeutic Exercise

- IR/ER isotonic with theraband or weights that begin at 0° abduction and gradually increases abduction as strength improves
- OKC shoulder rhythmic stabilizations in supine at 90° elevation (perturbations and alphabet)
- Gentle CKC shoulder and scapular stabilization drills
- Proprioceptive neuromuscular facilitation (PNF) patterns

- Side lying shoulder flexion
- Scapular strengthening
- AROM, AAROM and/or PROM as needed
- Core strengthening
- Begin trunk and hip mobility exercises

Cardiovascular Fitness

- Walking and stationary bike. No treadmill, Stairmaster or swimming
- Avoid running and jumping until athlete has full rotator cuff strength in a neutral position due to forces that can occur at landing

Progression Criteria

- Full AROM (equal to uninvolved) and normal (rated 5/5) strength for IR/ER at 30° abduction

PHASE IV (begin after meeting Phase III criteria, usually 6 weeks after surgery)

Rehabilitation Goals

- Normal (rated 5/5) rotator cuff strength and endurance at 90° abduction and scaption
- Advance proprioceptive and dynamic neuromuscular control retraining
- Correct postural dysfunctions with work and sport specific tasks
- Develop strength and control for movements required for work or sport

Precautions

- Post-rehab soreness should alleviate within 12 hours of the activities; if not, load is too high and the POC needs to be altered accordingly

Suggested Therapeutic Exercise

- Multi-plane AROM
- Shoulder mobilizations as needed
- Rotator cuff strengthening in at 90° abduction and overhead
- Scapular strengthening and dynamic neuromuscular control in OKC and CKC positions
- Core and lower body strengthening
- At about 16-18 weeks, begin education in sport specific biomechanics with initial program for throwing – low velocity, focusing on movement control (air throws and light toss)

Cardiovascular Fitness

- Walking, stationary bike, Stairmaster. No treadmill or swimming
- May begin light jogging and running if full rotator cuff strength in neutral and normal AROM

Progression Criteria

- Full AROM in all planes and multi-plane movements
- Normal (rated 5/5) strength at 90° abduction
- Negative impingement signs

PHASE V (begin after meeting Phase IV criteria, usually 16 to 18 weeks after surgery)

Rehabilitation Goals

- Normal (rated 5/5) rotator cuff strength at 90° abduction and supraspinatus
- Advance proprioceptive and dynamic neuromuscular control retraining
- Correct postural dysfunctions with work and sport specific tasks
- Develop strength and control for movements required for sport/work
- Develop work capacity cardiovascular endurance for sport/work

Precautions

- Post-rehab soreness should alleviate within 12 hours of the activities

Suggested Therapeutic Exercise

- Multi-plane AROM with gradual increase in velocity of movement - assessing scapular rhythm
- Shoulder mobilizations as needed
- Rotator cuff strengthening in at 90° abduction, provocative positions and sport/work specific positions - including eccentric strengthening, endurance and velocity specific exercises
- Scapular strengthening and dynamic neuromuscular control in overhead positions and work/sport specific positions
- Sport and work specific strengthening
- Core and lower body strengthening
- Throwing program, swimming program or overhead racquet program, as needed

Cardiovascular Fitness

- Return to work or sport specific

Progression Criteria

- The patient may return to sport after receiving clearance from the surgeon and PT