Rehabilitation Protocol: Rotator Cuff Repair-Subscapularis

**Weeks 1-2:** Rest and Healing
Sling Immobilizer: At all times except exercises
HEP: Distal ROM with scapular retraction
   - Manual scapular manipulation with patient lying on non-operative side
   - Supine passive FF in scapular plane to 90
   - Supine passive ER to 0

**Weeks 2-6:** Protective/Early Motion Phase
Sling Immobilizer: The patient may start to wean the sling at week 2
PROM: Forward flexion in scapular plane – limit 130
   - External rotation 20 degrees
   - Internal rotation 30 degrees
Therapeutic exercises: Codmans, wand exercises
Strengthening: RTC isometrics with arm in 0 deg abduction and neutral rotation
   - Scapular stabilization, no resistance
   - Abdominal and trunk exercises

**Weeks 7-12:** Early Strengthening Phase
PROM/AAROM: FF/ ER/ IR - Full (go slow with ER)
Therapeutic exercises: -Cont wand exercises for ER/IR/FF
   - Flexibility, horizontal adduction (post capsule stretching)
Strengthening: RTC isotonic strengthening exercises
   - AROM: side-lying ER and supine FF in scapular plane
   - Progress to standing FF
   - ER/IR @ modified neutral w/ elastic bands
Progress to rhythmic stabilization exercises
Progress to closed chain exercises

**Weeks 12+:** Late Strengthening Phase
Progress isotonic strengthening: periscapular and RTC musculature
   - Lat pull downs
   - Row machine
   - Chest press
Flexibility: side-lying post capsule stretch
Progress scapular stabilization program
Initiate isokinetic strengthening (IR/ER) in scapular plane
Begin light plyometrics at 16-18 weeks
Individualize program to meet demands of sport specific requirements at 20-24 weeks
Initiate throwing program for overhead athletes at 20-24 weeks