Tristan Juhan, MD Orthopedic Surgeon Office: 408-293-7767 Email: tjuhan@goldenstateortho.com Website: tristanjuhanMD.com



## SUBSCAPULARIS REPAIR REHABILITATION PROTOCOL

	RANGE OF MOTION	IMMOBILIZER	EXERCISES
PHASE I 0-6 weeks	<b>0-3 weeks</b> : None <b>3-6 weeks</b> : Begin PROM Limit 90° flexion, 45° ER, 20° extension	<ul> <li>0-2 weeks: Immobilized at all times day and night</li> <li>Off for hygiene and gentle home exercise according to instruction sheets</li> <li>2-6 weeks: Worn daytime only</li> </ul>	<ul> <li>0-2 weeks: Elbow/wrist ROM, grip strengthening at home only</li> <li>2-6 weeks: Begin PROM activities</li> <li>Limit 45° ER</li> <li>Codman's, posterior capsule mobilizations; avoid stretch of anterior capsule and extension; No active IR</li> </ul>
PHASE II 6-12 weeks	Begin active/active- assisted ROM, passive ROM to tolerance <b>Goals:</b> full ER, 135° flexion, 120° abduction	None	Continue Phase I work; begin active- assisted exercises, deltoid/rotator cuff isometrics at 8 weeks Begin resistive exercises for scapular stabilizers, biceps, triceps and rotator cuff* No resisted IR
PHASE III 12-16 weeks	Gradual return to full AROM	None	Advance activities in Phase II; emphasize external rotation and latissimus eccentrics, glenohumeral stabilization Begin muscle endurance activities (upper body ergometer) Cycling/running okay at 12 weeks
PHASE IV 4-5 months**	Full and pain-free	None	Aggressive scapular stabilization and eccentric strengthening Begin plyometric and throwing/racquet program, continue with endurance activities Maintain ROM and flexibility
PHASE V 5-7 months	Full and pain-free	None	Progress Phase IV activities, return to full activity as tolerated

\*Utilize exercise arcs that protect the anterior capsule from stress during resistive exercises, and keep all strengthening exercises below the horizontal plane in phase II \*\*Limited return to sports activities