

## Conservative Subscapularis Repair Protocol

Weeks one to two	Weeks two to four
Initial Evaluation	Evaluate
<ul style="list-style-type: none"> <li>➤ Posture, scapulo-thoracic/humeral position</li> <li>➤ Passive range of motion (within precautions)</li> <li>➤ Skin assessment, scar integrity</li> <li>➤ Assess RTW and Sport expectations</li> </ul>	<ul style="list-style-type: none"> <li>➤ Continue to inspect integrity of incision</li> <li>➤ Passive range of motion (within precautions)</li> </ul>
Patient Education	Patient Education
<ul style="list-style-type: none"> <li>➤ Optimize pain control ice and MD prescribed pain medications (healing phase)</li> <li>➤ No lifting, pushing/pulling, excessive stretching, weight bearing through or lying on operative extremity</li> <li>➤ Sling donned at all times, except for exercises</li> <li>➤ Minimize shoulder extension (i.e. arm supported when lying supine)</li> <li>➤ Explanation of positioning of shoulder girdle and posture to optimize shoulder mechanics</li> <li>➤ <b>NO</b> shoulder active motion, <b>NO</b> shoulder ER PROM beyond neutral or shoulder elevation beyond 100 degrees</li> </ul>	<ul style="list-style-type: none"> <li>➤ Continue use of sling (6 weeks)</li> <li>➤ <b>NO</b> shoulder ER PROM beyond neutral or shoulder elevation beyond 100 degrees</li> <li>➤ Restate post-op precautions</li> <li>➤ Continue with postural education</li> </ul>
Therapeutic Exercise	Therapeutic Exercise
<ul style="list-style-type: none"> <li>➤ AROM of elbow, wrist, and hand</li> <li>➤ Pendulum hangs or pendulum cradles</li> </ul>	<ul style="list-style-type: none"> <li>➤ AAROM shoulder exercises (i.e. table slides for elevation, supine self assisted flexion with arm at side) within precautions</li> <li>➤ AROM of elbow, wrist, hand</li> <li>➤ Submaximal isometrics, except IR</li> </ul>
Manual Techniques	Manual Techniques
<ul style="list-style-type: none"> <li>➤ PROM shoulder within precautions</li> <li>➤ No joint mobilization at this time</li> <li>➤ Initiate gentle mobilization and desensitization of incision when appropriate</li> </ul>	<ul style="list-style-type: none"> <li>➤ Continue PROM within precautions</li> <li>➤ No joint mobilization at this time</li> <li>➤ Continue incisional mobilization and desensitization as indicated</li> </ul>
Modalities	Modalities
<ul style="list-style-type: none"> <li>➤ Cryotherapy, 3-4 times a day, 10-15 minutes</li> </ul>	<ul style="list-style-type: none"> <li>➤ Continue with cryotherapy</li> </ul>
Goals	Goals
<ul style="list-style-type: none"> <li>➤ Optimize healing phase of tendon repair</li> <li>➤ Maintain integrity of repair</li> <li>➤ Independence with post operative precautions</li> <li>➤ Control pain</li> </ul>	<ul style="list-style-type: none"> <li>➤ Maintain integrity of repair</li> <li>➤ Independent with AAROM HEP</li> <li>➤ Reduce pain and inflammation</li> <li>➤ PROM: elevation 100 degrees, ER to neutral</li> </ul>

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<b>Weeks four to six</b>	<b>Weeks six to eight</b>
<b>Evaluate</b>	<b>Evaluate</b>
<ul style="list-style-type: none"> <li>➤ Passive range of motion (within precautions)</li> <li>➤ AAROM (within precautions)</li> <li>➤ Joint mobility (including thoracic spine)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Posture, scapulo-thoracic/humeral position</li> <li>➤ Passive range of motion</li> <li>➤ AAROM (within precautions)</li> <li>➤ Joint mobility (including thoracic spine)</li> </ul>
<b>Patient Education</b>	<b>Patient Education</b>
<ul style="list-style-type: none"> <li>➤ Wean from sling at week 6</li> <li>➤ Restate precautions</li> <li>➤ No passive ER beyond 20 degrees, passive elevation to tolerance</li> </ul>	<ul style="list-style-type: none"> <li>➤ Discontinue use of sling</li> <li>➤ Begin actively using arm in ADL's, no excessive pushing/pulling, no lifting greater than a cup of coffee, no supporting body weight though operative extremity</li> <li>➤ Continue with postural education</li> </ul>
<b>Therapeutic Exercise</b>	<b>Therapeutic Exercise</b>
<ul style="list-style-type: none"> <li>➤ Continue per previous timeframe</li> <li>➤ Pulley AAROM, if quality ROM (i.e. no excessive scapular elevation)</li> <li>➤ Scapular control exercises (i.e. isometrics in opposite sidelying or with manual resistance)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Continue per previous timeframe</li> <li>➤ Initiate AROM, start with gravity eliminated, within precautions</li> <li>➤ Initiate rhythmic stabilization, gentle IR</li> <li>➤ Progress scapular exercises (i.e. prone row/extension)</li> </ul>
<b>Manual Techniques</b>	<b>Manual Techniques</b>
<ul style="list-style-type: none"> <li>➤ PROM to tolerance, except NO ER beyond 20 degrees</li> <li>➤ Initiate grade I/II joint mobs as appropriate</li> <li>➤ Continue gentle mobilization and desensitization of incision as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>➤ PROM all planes to tolerance</li> <li>➤ Progress to grade III/IV joint mobilization as appropriate</li> <li>➤ Continue incisional mobilization and desensitization as indicated</li> </ul>
<b>Modalities</b>	<b>Modalities</b>
<ul style="list-style-type: none"> <li>➤ Cryotherapy</li> </ul>	<ul style="list-style-type: none"> <li>➤ Cryotherapy</li> </ul>
<b>Goals</b>	<b>Goals</b>
<ul style="list-style-type: none"> <li>➤ Maintain integrity of repair</li> <li>➤ Reduce pain and inflammation</li> <li>➤ PROM: elevation 120 degrees, ER to 20 degrees</li> </ul>	<ul style="list-style-type: none"> <li>➤ Independent with HEP</li> <li>➤ Reduce pain and inflammation</li> <li>➤ PROM: elevation 140 degrees, ER to 40 degrees</li> <li>➤ AROM: elevation 90 degrees</li> </ul>

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<b>Weeks eight to twelve</b>	<b>Weeks twelve to discharge</b>
<b>Evaluate</b>	<b>Evaluate</b>
<ul style="list-style-type: none"> <li>➤ Posture, scapulo-thoracic/humeral position</li> <li>➤ Passive range of motion</li> <li>➤ AAROM/AROM</li> <li>➤ Joint mobility</li> <li>➤ Assess RTW and sport expectations</li> </ul>	<ul style="list-style-type: none"> <li>➤ Posture, scapulo-thoracic/humeral position</li> <li>➤ PROM/AROM</li> <li>➤ Joint mobility</li> <li>➤ Address any deficits that may limit return to work or sport goals</li> <li>➤ HEP transition and compliance</li> </ul>
<b>Patient Education</b>	<b>Patient Education</b>
<ul style="list-style-type: none"> <li>➤ Restate precautions from previous time frame</li> </ul>	<ul style="list-style-type: none"> <li>➤ Continue restoration of functional ADL's</li> <li>➤ No sudden lifting or pushing activities</li> <li>➤ No lifting objects more than 5 pounds (increase to 10 pounds at week 16)</li> </ul>
<b>Therapeutic Exercise</b>	<b>Therapeutic Exercise</b>
<ul style="list-style-type: none"> <li>➤ Initiate light resistance of RC at week 8</li> <li>➤ Initiate UBE, no resistance (light resistance added week 10)</li> <li>➤ Progress scapular stabilization exercises</li> <li>➤ Initiate closed chain exercises at week 11-12 (i.e. push up plus)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Functional activity exercises with focus on return to work/sport</li> <li>➤ Increase elevation with RC strengthening exercises</li> <li>➤ Initiate light plyometrics week 14-15</li> <li>➤ MD clearance for return to work, full sport</li> </ul>
<b>Manual Techniques</b>	<b>Manual Techniques</b>
<ul style="list-style-type: none"> <li>➤ PROM to patient tolerance</li> <li>➤ Progress to grade III/IV joint mobilization as appropriate</li> <li>➤ Progress with manual stretching (i.e. posterior capsule, if restrictions)</li> </ul>	<ul style="list-style-type: none"> <li>➤ PROM to patient tolerance</li> <li>➤ Progress to grade III/IV joint mobilization as appropriate/needed</li> <li>➤ Progress with manual stretching (i.e. posterior capsule, if restrictions)</li> </ul>
<b>Modalities</b>	<b>Modalities</b>
<ul style="list-style-type: none"> <li>➤ Cryotherapy</li> </ul>	<ul style="list-style-type: none"> <li>➤ Cryotherapy</li> </ul>
<b>Goals</b>	<b>Goals</b>
<ul style="list-style-type: none"> <li>➤ Minimize scapular compensatory movements</li> <li>➤ Increase postural awareness</li> <li>➤ PROM: Normal/symmetrical</li> <li>➤ AROM: elevation 150 degrees</li> </ul>	<ul style="list-style-type: none"> <li>➤ Manual Muscle test 4+/5 or greater throughout</li> <li>➤ Optimize return to work/sport</li> <li>➤ AROM: Normal/symmetrical and without compensation</li> </ul>

References

- Kaar MD, Cutuk MD. Subscapularis Repair Rehab Protocol Prescription. Department of Orthopaedic Surgery sports Medicine and Shoulder Service
- Baumgarten KM<sup>1</sup>, Vidal AF, Wright RW. Rotator Cuff Repair Rehabilitation: A Level I and II Systematic Review. Sports Health. 2009 Mar;1(2):125-30
- Ticker MD, Egan, PT. Post-operative Rehabilitation Following Arthroscopic Rotator Cuff Repair. Island Orthopaedics and Sports Medicine, PC Massapequa, New York. 2004

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