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## Rehabilitation Protocol: Arthroscopic Subscapularis Rotator Cuff Repair

Name:	Date:
Diagnosis:	Date of Surgery:
Phase I (Weeks 2-6)	
<ul> <li>Sling immobilization with supporting abduction p rehab under guidance of PT</li> <li>Range of Motion – True Passive Range of Motion On</li> </ul>	illow to be worn at all times except for showering and
<u> </u>	otation, 45° Abduction without rotation, Limit Internal abducted position
<ul> <li>Therapeutic Exercise – No canes or pulleys during the Codman Exercies/Pendulums</li> <li>Elbow/Wrist/Hand Range of Motion and Grand Grand Stabilization</li> <li>Avoid anterior capsular stretch</li> </ul>	
Heat/Ice before and after PT sessions  Phase H (Mashe C O)	
<ul><li>Phase II (Weeks 6-8)</li><li>Discontinue sling immobilization</li></ul>	
<ul> <li>Range of Motion</li> <li>4-6 weeks: Gentle passive stretch to reach look</li> <li>6-8 weeks: Begin AAROM - AROM as the flexion, 120 degrees abduction</li> </ul>	ROM goals from Phase I colerated. Full External Rotation, 135 degrees forward
Therapeutic Exercise	
<u>-</u>	s (supine position), gentle joint mobilizations (grades I and
<ul> <li>6-8 weeks: Progress to active exercises wit upright position, begin deltoid and biceps st</li> </ul>	h resistance, shoulder flexion with trunk flexed to 45° in crengthening**
• Modalities per PT discretion	
Phase III (Weeks 8-12)	acom fort
<ul> <li>Range of Motion – Progress to full AROM without di</li> <li>Therapeutic Exercise</li> </ul>	Scomort
Continue with scapular strengthening	
<ul> <li>Continue and progress with Phase II exercise</li> </ul>	ses
Begin Internal/External Rotation Isometrics	
<ul> <li>Stretch posterior capsule when arm is warn</li> </ul>	ned-up
<ul> <li>Modalities per PT discretion</li> </ul>	
Phase IV (Months 3-6)	
Range of Motion – Full without discomfort	
o Return to sports at 6 months if approved	s tolerated: isometrics <sup>®</sup> therabands <sup>®</sup> light weights (1-5 Deltoid and Scapular Stabilizers
Modalities per PT discretion	
Comments:	ICEDO CEDENICELIENINO UNEIL O MEDIZO DOCE OD
	ICEPS STRENGTHENING UNTIL 8 WEEKS POST-OP ration: weeks
Signature:	Date: