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Subscapularis Repair Rehab Protocol Prescription

Diagnosis: Subscapularis tear **Frequency:** 2-3 visits/week **Duration:** 4 months

Weeks 1-4: 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 100
- Supine passive ER to 0

Weeks 4-6: Protective/Early Motion Phase

Sling Immobilizer: At all times except exercises; Discontinue after week 6 PROM:

- Forward flexion in scapular plane No limits
- 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
 - o 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