



SUMMIT
ORTHOPEDICS
OF TEXAS

Rehabilitation Protocol: Arthroscopic or Open Subscapularis Repair (Use in conjunction with rotator cuff repair protocol or as standalone if only subscapularis repair was performed)

Phase I (Weeks 0-4)

Sling immobilization at all times except for showering and rehab under guidance of PT

Goals:

Protect the anatomic repair
Prevent negative effects of immobilization
Promote dynamic stability and proprioception
Diminish pain and inflammation

Range of Motion

Weeks 1-2

PROM (POD #1)

o Restrict motion to 90° of Forward Flexion (Toes to Nose), 45° of Abduction, 10° of External Rotation (may only start after week 2) and Internal Rotation to stomach

Therapeutic Exercise

- Elbow/Wrist/Hand Range of Motion
- Grip Strengthening
- Scapular exercises (shrugs and retraction without resistance)
- Modalities for pain and swelling
- Ice
- E-stim

Goals

Pain control

Flexion 90 degrees, Abduction 45 degrees

Weeks 3-4

Continue above exercises

Continue sling for comfort

ROM: 140° of Forward Flexion, 90° of abduction, 10° of External rotation, internal rotation across body with arm adducted

Gentle shoulder isometrics in neutral position

Stationary bike

Phase II (Weeks 5-6)

Continue sling immobilization until week 6

Range of Motion – PROM -> AAROM

Gradually improve ROM

- Flexion to 160 degrees
- Abduction to 120 degrees
- External rotation to tolerance but NO stretching or manipulation by therapist!

Office: 214-631-9881 • Fax: 866-531-8106

www.SummitOrthoTX.com



SUMMIT
ORTHOPEDICS
OF TEXAS

- Continue scapular strengthening

Therapeutic Exercise

- Continue with Elbow/Wrist/Hand Range of Motion and Grip Strengthening
- Modalities per PT discretion

Phase III (Weeks 7-12)

May discontinue sling

Range of Motion: AAROM -> AROM

- Gradually progress ROM to full motion as tolerated

Phase IV (Weeks 13+)

- May now start strengthening

Criteria to Enter Phase IV

- 1) Full non-painful ROM
- 2) Satisfactory stability
- 3) Muscular strength (good grade or better)
- 4) No pain or tenderness

Goals:

Maintain full ROM

Improve muscular strength, power and endurance

Gradually initiate functional activities

Range of Motion – Full without discomfort

Therapeutic Exercise

- Sport (start at 5 months) / Work (may start when tolerated) specific rehabilitation
- Return to throwing at 6+ months
- Return to collision sports at 9 months if approved
- Patients should expect maximal improvement to occur at about 12 months postoperatively.
- Modalities per PT discretion