



**Matthew D. Collard, D.O.**  
Worker's Compensation  
Arthroscopy/Sports Medicine  
Extremity Trauma  
Joint Replacement Surgery

2325 Dougherty Ferry Rd, Ste. 100  
St. Louis, MO 63122  
(314) 909-1359 Fax (314) 909-1370  
[www.storthospecialists.com](http://www.storthospecialists.com)

## Rotator Cuff Repair-Subscapularis Rehab Protocol

This rehabilitation protocol has been developed for the patient following a rotator cuff and subscapularis repair. This protocol will vary in length and aggressiveness depending on factors such as size and location of the tear, degree of shoulder instability/laxity prior to surgery, acute versus chronic condition, length of time immobilized and strength, pain swelling and range of motion status. The primary goal of this protocol is to protect the repair while steadily progressing towards and ultimately achieving pre-injury level of activity. Please note this protocol is a guideline. Patients with additional surgery (i.e. subacromial decompression, distal clavicle resection, biceps repair) will progress at different rates. Achieving the criteria of each phase should be emphasized more than the approximate duration. If a patient should develop an increase in pain or swelling or decrease in motion at any time, activity should be decreased until problems are resolved.

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### Phase 1: Resting and Healing (Week 1 – 2)

Wear sling and immobilizer at all times except when showering and exercises

#### Exercises:

- Distal ROM with scapular retraction
- Manual scapular manipulation with patient lying on non-operative side
- Supine passive FF in scapular plane to 90
- Supine passive ER to 0

### Phase 2: Protective / Early Motion Phase (Week 2 – 6)

Patient may start to wean out of sling and immobilizer at week 2

#### Exercises:

- PROM forward flexion in scapular plane; limit 130
- External rotation 20 degrees
- Internal rotation 30 degrees
- Therapeutic exercises: codman, wand exercises
- Strengthening RTC isometrics with arm in 0 degree abduction and neutral rotation
- Scapular stabilization, no resistance
- Abdominal and trunk exercises

### **Phase 3: Early Strengthening Phase (Week 7 – 12)**

#### **Exercises:**

- PROM / AAROM: FF / ER / IR – Full (go slow with ER)
- Therapeutic exercises: continue wand exercise for ER / IR / FF
- Flexibility, horizontal adduction (post capsule stretching)
- Strengthening: RTC isotonic strengthening exercises
- AROM side lying ER and spine FF in scapular plane
- Progress to standing FF
- ER / IR at modified neutral with elastic bands
- Progress to rhythmic stabilization exercises
- Progress to closed chain exercises

### **Phase 4: Late Strengthening Phase (Week 12 and beyond)**

#### **Exercises:**

- Progress isotonic strengthening periscapular and RTC musculature
- Lat pull downs
- 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 of overhead athletes at 20-24 weeks