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Subscapularis Repair Rehab Protocol

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
 - 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