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Subscapularis Repair Rehab Protocol Prescription

Patient Name: Date:

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
  - 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

**Concerns or questions:**
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**Physician Signature:**