



SUBSCAPULARIS TENDON REPAIR PT PROTOCOL

	BRACE INSTRUCTIONS AND RESTRICTIONS	RANGE OF MOTION GOALS	PT EXERCISES/NOTES
PHASE 1 First 6 Weeks (0-6) 1-2 Sessions/week Begin after 2 weeks	 Shoulder immobilizer x 6 weeks full time except hygiene and PT exercises No AROM x 6 weeks Protect and limit passive ER to 30 degrees first 4 weeks, then 45 degrees until 6 weeks No active IR 	- PROM as tolerated in supine position (130 deg FF, 90 deg Abduction, 30 deg ER first 4 weeks; then unrestricted PROM to begin at 4 weeks except limit ER to 45 degrees until 6 weeks)	 Pendulum ROM Seated table slide for flexion or supine assisted shoulder flexion to begin at 2 weeks Pulleys to begin at 3 weeks Elbow and wrist AROM No active IR, limit passive ER to restricted range
PHASE 2 Second 6 Weeks (6-12) 1-2 Sessions/week	 Out of brace Avoid resisted rotator cuff exercises of the shoulder until 8 weeks post-op No resisted IR 	 Advance to AAROM/AROM Continue with PROM to reach full ROM and appropriate joint mobilizations 	 Wands/pulleys/wall climbs Initiate scapular stabilizing exercises, core strengthening exercises including trunk rotation Begin resistive exercises for scapular stabilizers, biceps, and triceps Begin rotator cuff strengthening after 8 weeks No resisted IR exercises

PHASE 3 Third 6 Weeks (12-18) Sessions once/week or once every other week	- Full AROM in all planes	 Initiate PREs (light weight, high repetition) Neuromuscular and proprioceptive training Aerobic conditioning and preparation for return to work/sport and ADLs Cycling and running as tolerated
PHASE 4 18 Weeks + Sessions as needed Transition to home exercise program	- Sport and work specific exercises	 Aggressive scapular stabilization and eccentric strengthening Begin plyometric exercises Improve neuromuscular control and shoulder proprioception Advance to home exercise program 3 times/week and daily shoulder stretching Return to sport after 8 months once clear by MD

This protocol is intended for the purposes of guiding post-surgical or post-injury rehabilitation exercises and goals. These guidelines may be interpreted by a certified physical or occupation therapist and tailored to meet patient specific goals and expectations. Other specific modifications may be made by Dr. Butterfield depending on adjuvant surgical procedures, surgical findings, or rehabilitation progress.

Please fax initial physical therapy assessment and progress notes to Dr. Butterfield at 763-717-4139. You may direct questions regarding this protocol or patient progress to our office at 763-786-9543.