POST-OPERATIVE GUIDELINES FOR ARTHROSCOPIC ROTATOR CUFF REPAIR OF AN ISOLATED SUBSCAPULARIS TEAR INVOLVING 100% OF THE TENDON

Post-op week 1-2:
- Wrist, hand AROM
- Modalities (ice, electrical stimulation)
- Dangling the arm at side during showering only
- Avoid shoulder ROM unless specified by surgeon, shoulder extension past neutral (use towel roll/pillow under elbow in supine), IR beyond stomach, lifting, pushing, pulling, carrying, and sleeping on the involved side

Post-op week 3-4:
- Continue with week 1-2 program
- PROM and AAROM for forward elevation and external rotation might begin within surgeon’s ROM limits based off intra-operative assessment, but are often delayed until post-op week 5-6

Post-op week 5-6:
- Pendulums
- Gentle pain-free PROM for forward elevation and external rotation within surgeon’s ROM limits based off intra-operative assessment
- Supine AAROM external rotation with stick within surgeon’s ROM limits based off intra-operative assessment. Shoulder at 30-45 degrees of abduction and arm at least level with abdomen (use towel roll/pillow)
- Self supine AAROM forward elevation within surgeon’s ROM limits
- Pain-free Sub-maximal isometrics except IR
- Elbow, wrist, hand AROM (elbow only if no contraindications - SLAP repair, biceps repair/anchor, biceps tenodesis)
- Modalities (ice, electrical stimulation)
- Avoid shoulder extension past neutral (use towel roll/pillow under elbow in supine), IR beyond stomach, lifting, pushing, pulling, carrying, AROM, and sleeping on the involved side

Post-op week 7:
- Continue PROM and AAROM with stick for forward elevation and ER within surgeon’s limits
- Pulley in scapula plane with quality ROM (no scapula hike) and minimal pain
- AROM ER in gravity eliminated position within ROM limits
- Glenohumeral stabilization and rhythmic stabilization exercises, except those involving internal rotation, in supine for forward elevation, ER (to restore neuromuscular control and proprioception needed for dynamic stability of GH joint)
- Scapula control exercise (manual resistance, scapula PNF)
- Prone row, extension to neutral (no weight)
- Continue week 5-6 program
• Avoid extension past neutral, internal rotation past stomach, active internal rotation, and maintain lifting, pushing, pulling, and carrying restrictions

**Post-op week 8-9:**
• Initiate AROM forward elevation in the scapula plane beginning with gravity eliminated positions (supine and side-lying) and progress according to quality of motion (semi-recumbent, sitting and/or standing); Avoid scapula hiking and begin with elbow flexed (short lever arm) and progress to elbow extended; Can begin with supported and progress to unsupported AROM exercises
• Begin AAROM internal rotation
• Begin PROM/AAROM/AROM extension past neutral
• Begin PROM internal rotation beyond stomach
• Continue week 7 program

**Post-op week 10-11:**
• Begin AROM internal rotation in gravity eliminated position (sitting) and progress to side-lying
• Initiate strengthening of the posterior shoulder and scapula muscles; Start with 1 lb. dumbbell and elastic band/tubing with least resistance:
  o Side-lying ER
  o Prone extension/row
  o Scapula protraction supine
  o Elastic band/tubing for ER, extension to neutral, scapula retraction
• Light bicep (if not contraindicated)/triceps strengthening
• UBE
• Stretch posterior shoulder/capsule (Sleeper stretch)
• Continue PROM/AAROM with stick/pulley as needed all planes

**Post-op week 12-13:**
• Begin IR strengthening
• Progress strengthening program
• PROM and stretching as needed
• Begin PNF patterns
• Closed chain exercises

**Post-op week 14-15:**
• Progress open and closed chain as appropriate
• Maintain PROM and flexibility
• Begin light functional activity as appropriate and within surgeon’s guidelines

**Post-op week 16+:**
• Progress functional activity
• Return to work considerations
• Sport specific activity/plyometrics when cleared by surgeon