Department of Orthopaedic Surgery Sports Medicine and Shoulder Service

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

<u>Sling Immobilizer:</u> At all times except exercises <u>HEP:</u> 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 ti

Lat pull downs
Row machine
Chest press
Flexibility: side-lying post capsule stretch
Progress scapular stabilization program