

MODIFIERS: PLEASE BE AWARE OF SURICAL FACTORS THAT ALTER THE PROTOCOL

- **Subscapularis Repair**
 - 0-4 Weeks: No external rotation
 - 4-6 Weeks: Range of motion goals external rotation 30°, elevation 90°
 - 6-12 Weeks: Begin external rotation as tolerated
- **Biceps tenodesis**
 - 0-4 Weeks: No elbow extension beyond 90°, wrist at neutral
 - 4-6 Weeks: Elbow and wrist motion as tolerated, zero resistance
 - 6-12 Weeks: Slowly start progressing resisted elbow flexion
- **Massive Tear Protocol**
 - Entire protocol is delayed by 2 weeks
 - Sling immobilization phase is extended to 6 weeks

0-4 WEEKS: SLING IMMOBILIZATION

- Educate the importance of the home exercise program
- No active shoulder motion
- Only passive shoulder motion
 - Discontinue exercises if painful
 - Pendulums
 - Supine elevation in scapular plane (140 degrees)
 - Side-lying scapular stabilization exercises
 - External rotation to neutral
- Elbow, wrist and hand active motion
- Submaximal deltoid isometrics in neutral as range of motion improves
- No pulley or canes (active motions) until 6 weeks post-op

4-6 WEEKS: DISCONTINUE SLING & ADVANCE RANGE OF MOTION

- Begin active assist range of motion (do not force, but assess for stiffness)
- Range of motion goals (in scapular plane), light stretching at end ranges
 - Week 4
 - Elevation: 90°
 - External rotation: 5-15°
 - Internal rotation: to chest (no behind the back)
 - Abduction >60° (gentle)
 - Week 6
 - Elevation: 120°
 - External rotation: 30-45°
 - Internal rotation: to chest (no behind the back)
 - Abduction 90° (gentle)
- Scapular mobility and stabilization exercises
- Deltoid isometrics
- Upper body ergometer
- Core strengthening

6-12 WEEKS: ACHIEVE FULL RANGE OF MOTION & BEGIN STRENGTHENING

- Full ROM as tolerated with passive stretching at end ranges
- Begin internal rotation as tolerated
- Advance strengthening as tolerated
 - Isometrics, bands, light weights (1-5lbs)
 - 2-3 sets of 8-12 per rotator cuff, deltoid, and scapular stabilizers
- Only do strengthening 3x per week to avoid rotator cuff tendonitis
- Begin eccentrically resisted motions
 - Plyometrics (ex. Weighted ball toss)
 - Proprioception (ex. Body blade)
- Reeducate movement patterns and functional mobility training
- Manual therapy as needed (ex. Scapular and soft tissue mobilization)
- Pool therapy if available

12+ WEEKS: RETURN TO ACTIVITY AND SPORT

- Begin sport-specific rehab and conditioning at 4 months
 - Advance upper extremity plyometrics
 - Endurance training
 - Core retraining (sport specific)
 - Blood flow restriction
 - Criteria for return to sport
 - Independent adherence to long-term sport-specific exercise program
 - Symptom free movement, flexibility and strength required by sport
 - Power and accuracy required by sport
 - Educate the importance of
 - Monitoring volume of exercise
 - Muscle strength and flexibility
 - Neuromuscular patterning
- Return to throwing program at 6 months
- Throw from pitcher's mound at 9 months
- Collision sports at 9 months
- Maximal medical improvement is usually at 12 months



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