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

Please Note: The time period refers to the seven days of the particular week noted. As examples, Post-op Week 1 includes days 1-7 and Post-op Week 7 includes days 43-49.

A full description can be found at www.shoulders.md/handouts.htm

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 Internal Rotation
- 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

*The initiation of physical therapy and the exact timing of progression during the rehabilitation process may vary.
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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 External Rotation 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:
  - Side-lying ER
  - Prone extension/row
  - Scapula protraction supine
  - 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
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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