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## **Total Shoulder Rehab Protocol (Subscap Release Approach)**

**For Physical Therapist Use Only**

### ***General Guidelines:***

- Maintain surgical motion early, but don't push it.
- Protect the subscapularis repair: No internal rotation resistance until 3 months for LT osteotomy, 4.5 months for Subscap tenotomy.
- Strengthen the surrounding musculature.
- Alternate between pool and land therapy.
- Minimize heavy, excessive cyclic loads for the first 6 months.
- No pulleys in first 6 weeks.
- **Most patients will only perform self directed therapy at home and then begin supervised PT at 4-6 weeks postoperative**

This is a gradual progression, not a stepped progression!!

### **Outpatient Rehab**

#### ***Phase I: 0-3 weeks post op***

- SLING:
  - o On except for:
    - Exercises
    - Dressing
    - Eating
    - Shower: Most have subcuticular closure with glue and may shower immediately.
    - Reading
    - Brushing Teeth and Shaving
- PROM (may be performed judiciously by Therapist)
  - o FLEX, ER to neutral – minimize reps (5-10)
  - o Therapist PROM should NOT be excessively painful. If it is STOP!!!
  - o Encourage Patient PROM
- Pendulums and Codman's ex's

- Towel Slides or equivalent
- Pool for PROM.
- General conditioning (stationary bike, treadmill, etc)
- Maintain hand strength
- Maintain normal motion at the elbow/wrist
- Maximum ER to Neutral

***3-6 weeks post op.***

- SLING
  - o Wear at night and when out of house, ok to remove for reading, eating, teeth brushing, sitting in chair
  - o Don't use arm to push up out of chair!!!
- Supine AAROM
  - o FLEX, ABD, ADD, IR with towel, start ER at 6 weeks (minimize reps 5-10).
- Pool (if available) for PROM and AAROM (water is the assistance)
  - o Use combined motions and teach fluidity of movement.
  - o 10 reps with combined movements in pool.
- Light scapular strengthening (i.e. scapular setting, gentle MR scap protraction and retraction).
- Gentle joint mobilization and soft tissue mobilization to restore normal scapular mobility.
- Nerve glides as necessary

See pt 1-2x/week; mainly in the pool. Develop HEP for pt to work on PROM both in the pool and on land.

***Phase II: 6-12 weeks***

- Discontinue sling
- Continue with PROM.
- More AAROM on land
  - o Progress from SUPINE to SEATED, then to STANDING position.
- At 6 ***weeks*** begin AROM on land, against gravity (straight planes only, no combined motions.)
- Pool – continue
  - o AAROM and AROM
- Can begin pulley work and NOT BEFORE.
- Progress to some light closed-chain proprioceptive ex's (wall washing)

- Arm bike with no resistance.
- Gentle jt mobs to restore normal accessory glide motion in shldr girdle if necessary.

See 1-2x/week, (increase frequency to 3x/week if ROM is not progressing.)

***Phase III: 12-18 weeks post op***

- Can begin AROM with COMBINED MOTIONS at 3 months (on land, against gravity).
- Begin light strengthening
  - o Begin strengthening for lats, rhomboids, biceps/triceps, pecs, and deltoids.
- Pool – continue
  - o Use floats and paddles for resistive work in the pool.
- Increase scapular strengthening with theraband and light weights.
- Add more advanced proprioceptive ex specific for work, ADL's and sport.
- For patients with lesser tuberosity osteotomy, may progress to IR strengthening. For subscapularis tenotomy or peel, start IR strengthening at 4.5 months.

See pt 2x/week, then transition to independent home ex program.

Please contact Dr. Kelly's Medical Assistant with any questions.

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