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Total Shoulder Rehab Protocol (Subscap Release Approach)

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 mos 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 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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