Dr. Justin Griffin \cdot Phone: 757-490-4802

Fax: 757-275-7934

ROTATOR CUFF REPAIR WITH SUBSCAPULARIS REPAIR REHABILITATION PROTOCOL

***NO MYOFACIAL RELEASE OR AGGRESSIVE SCAR TISSUE MASSAGE AT ALL ***

	IMMOBILIZER	RANGE OF MOTION	EXERCISES	
PHASE I 0-6 weeks	Immobilized at all times day and night	0-3 weeks : None 3-6 weeks : Begin PROM	0-2 weeks : Elbow/wrist ROM, grip strengthening at home only	
	Off for hygiene and gentle home exercise according to instruction sheets	Limit 90° flexion, no more than 40° ER, 20° extension	2-6 weeks: Begin PROM activities Limit 40° ER Codman's, posterior capsule mobilizations; avoid stretch of anterior capsule and extension; No active IR No canes/pulleys until 6 weeks post-op, because these are active-	
PHASE II 6-12 weeks	None	Begin active/active- assisted ROM, passive ROM to tolerance Goals: full ER, 135° flexion, 120° abduction	assist exercises Continue Phase I work; begin active-assisted exercises, deltoid/rotator cuff isometrics at 8 weeks Begin resistive exercises for scapular stabilizers, biceps, triceps and rotator cuff*	
PHASE III 12-16 weeks	None	Gradual return to full AROM	No resisted IR Advance activities in Phase II; emphasize external rotation and	
			latissimus eccentrics, glenohumeral stabilization Begin muscle endurance activities (upper body ergometer)	
PHASE IV 4-5 months**	None	Full and pain-free	Cycling/running okay at 12 weeks Aggressive scapular stabilization and eccentric strengthening	
			Begin plyometric and throwing/racquet program, continue with endurance activities	
			Maintain ROM and flexibility	



Dr. Justin Griffin · Phone: 757-490-4802

Fax: 757-275-7934

PHASE V	None	Full and pain-free	Progress Phase IV activities, return
5-7 months			to full activity as tolerated

_					
	റ	m	m	Δn	ts:
	u	111			L.7.

Functional Capacity Evaluation	Work Hardening/Work Conditioning	Teach HEP