

Phase I (0-3 weeks)

Appointments	<ul style="list-style-type: none"> Follow up with MD for suture removal by day 14 Begin physical therapy 3-5 days post op, 2x/week
Rehabilitation Goals	<ul style="list-style-type: none"> Control pain, inflammation and muscle spasm Keep wound clean and dry Maintain ROM of hand and elbow
Precautions	<ul style="list-style-type: none"> PROM only <ul style="list-style-type: none"> If tenodesis repair: no active biceps x 6 weeks If subscapularis repair: no IR or ER past 30 degrees x 6 weeks Wear sling as directed by physician No lifting, AROM, overhead motion, supporting of body weight with hands Avoid sudden movements or excessive stretching
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> PROM: <ul style="list-style-type: none"> Flexion to tolerance ABD in scapular plane to tolerance ER/IR in scapular plane at 45° ABD <ul style="list-style-type: none"> Limit ER/IR to 30° if subscapularis repair Gentle grade I and II glenohumeral mobilizations for pain relief only-no high grade mobilizations Daily home exercise program: <ul style="list-style-type: none"> PROM to tolerance for Codman's, gentle table slides AROM elbow, wrist and hand minding any special precautions Ice frequently or as dictated by pain and/or swelling
Cardiovascular Exercises	<ul style="list-style-type: none"> In sling may ride recumbent bike
Progression Criteria	<ul style="list-style-type: none"> PROM flexion to 140 degrees, ER/IR to 45 degrees (or per MD)

Phase II (3-6 weeks)

Appointments	<ul style="list-style-type: none"> MD at 6 weeks for follow up Continue physical therapy 2 x week
Rehabilitation Goals	<ul style="list-style-type: none"> Regain full PROM

	<ul style="list-style-type: none"> • Progression to gentle isometric strengthening exercises • DC sling at 6 weeks or as directed by MD
Precautions	<ul style="list-style-type: none"> • Sling use per MD • PROM only <ul style="list-style-type: none"> - If tenodesis: no active biceps x 6 weeks - If subscapularis repair: keep IR/ER to 30 degrees unless otherwise noted by MD • No active glenohumeral motion • No lifting or supporting of body weight with hands
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • PROM: continue with flexion and ABD in scapular plane to tolerance <ul style="list-style-type: none"> - Flexion should be at least 140° - ER and IR at 60°-90° of ABD with a limit to 45° (unless otherwise noted) • Sidelying scapular stabilization <ul style="list-style-type: none"> - Retraction and retraction with depression • At 5-6 weeks initiate submaximal isometrics <ul style="list-style-type: none"> - elbow bent shoulder flexion/extension, IR/ER - elbow flexion/extension • At 5-6 weeks Initiate gentle rhythmic stabilization in 45° ABD for ER/IR • HEP <ul style="list-style-type: none"> - Continue previous PROM for Codman's and table slides - Isometrics and gentle gripping activities - 4 way wrist exercises • Ice frequently or as indicated by pain and/or swelling
Cardiovascular Exercises	<ul style="list-style-type: none"> • May continue recumbent bike in sling
Progression Criteria	<ul style="list-style-type: none"> • Full PROM flexion and scaption • IR/ER 45 degrees (at 60-90 degrees ABD unless otherwise noted by MD)

Phase III (6-8 weeks)

Appointments	<ul style="list-style-type: none"> • MD follow up at 6 weeks post op • Continue physical therapy 2 x/week
Rehabilitation Goals	<ul style="list-style-type: none"> • Full PROM all planes • Continued protection of repair • Begin AAROM, AROM (educate patient on difference)
Precautions	<ul style="list-style-type: none"> • No support of body weight • If tenodesis performed: may begin AROM but no resisted biceps x 12 weeks • If subscapularis repair performed: may begin AROM for IR

Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • PROM all planes • Begin AAROM of glenohumeral joint: <ul style="list-style-type: none"> - UBE minimal to no resistance low arms (standing) - active scapular protraction/retraction - sidelying easy resisted scapular protraction/retraction - GH “seaters” - supine wand exercises, progress to standing - pulleys at 8 weeks - wall walks, standing wand exercises (emphasize AAROM) • With glenohumeral joint completely supported: <ul style="list-style-type: none"> - bicep curls (begin with AROM, progress to high reps and low weight unless tenodesis performed) - triceps extensions - 4 way wrist curls • HEP: <ul style="list-style-type: none"> - Codmans as needed - Wand exercises (supine then standing), pulleys, wall walks (emphasize AAROM) - Scapular exercises
Cardiovascular Exercises	<ul style="list-style-type: none"> • UBE standing, no resistance
Progression Criteria	<ul style="list-style-type: none"> • Progression of strengthening is dependent on patients’ ability to not utilize compensatory motions • Patient must demonstrate good glenohumeral and scapular mechanics prior to beginning isotonic strengthening.

Phase IV (8-10 weeks)

Appointments	<ul style="list-style-type: none"> • Continue physical therapy 2x/week
Rehabilitation Goals	<ul style="list-style-type: none"> • Full AAROM by 10 weeks • Begin AROM beginning with gravity assisted, progress to gravity resisted • Progress strengthening based on patient’s ability to not use compensatory movements
Precautions	<ul style="list-style-type: none"> • Patient must demonstrate good scapular and GH joint mechanics before progressing to AROM and isotonic strengthening
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • AROM flexion in scapular plane, ABD, IR/ER in scapular plane at 90-100 degrees of flexion (sidelying or supine first, high reps, low resistance) • Aquatic exercises for AROM • Sub-maximal rhythmic stabilization supine at 45, 90 and 120 degrees of flexion and ER/IR in scapular plane • Supine ER/IR with tubing in 0° ABD with a towel roll between body and arm (increased EMG activation of cuff in sidelying)

	<ul style="list-style-type: none"> • Prone scapular stabilization (being with short lever arm, elbow bent): <ul style="list-style-type: none"> - rows at 30° ABD - extension - horizontal ABD
Cardiovascular Exercises	<ul style="list-style-type: none"> • UBE, light resistance • Pool for ROM
Progression Criteria	<ul style="list-style-type: none"> • Good glenohumeral and scapular mechanics (no hiking) with AROM before progressing isotonic strengthening. • Full AAROM

PHASE V (10-12 WEEKS)

Appointments	<ul style="list-style-type: none"> • MD at 12 weeks for follow up • Continue physical therapy 2 x/week
Rehabilitation Goals	<ul style="list-style-type: none"> • Full AROM by week 12 without substitution • If tenodesis performed goal is return of biceps strength by week 12
Precautions	<ul style="list-style-type: none"> • Monitor for substitution and compensatory motions • No push-ups or military press
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Light PNF • Standing scaption • Lateral raises to 90 degrees (start with palm down on hip, rotate to palm up) • Sidelying ER with light resistance (towel roll between body and arm) • Toward week 12 begin WB exercises <ul style="list-style-type: none"> - alphabet on Total Gym, progress to wall then quadruped position
Cardiovascular Exercises	<ul style="list-style-type: none"> • Light swimming with kickboard
Progression Criteria	<ul style="list-style-type: none"> • Full P/AROM • Negative impingement signs and instability tests

PHASE VI (12-16 WEEKS)

Appointments	<ul style="list-style-type: none"> • MD at week 12 for follow up • Continue physical therapy 1-2 x/week
Rehabilitation Goals	<ul style="list-style-type: none"> • Full AROM without substitution
Precautions	<ul style="list-style-type: none"> • Push-up progression wall to floor at end of phase • No military press
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Continue above exercises progressing strengthening gradually without compensatory patterns • Progress WB exercises • Incorporate total body strengthening • Initiate functional activities
Cardiovascular Exercises	<ul style="list-style-type: none"> • No restrictions (if cleared by MD)
Progression Criteria	<ul style="list-style-type: none"> • Negative impingement and instability signs • Full AROM without compensatory patterns

PHASE VII (16 WEEKS +)

Appointments	<ul style="list-style-type: none"> • MD at week 16 for follow up • Continue physical therapy 1 x/week with progression to HEP
Rehabilitation Goals	<ul style="list-style-type: none"> • Full AROM without compensatory patterns • Able to lift 2-5 lbs overhead without compensation (job dependant) • Progress to independent HEP

Precautions	<ul style="list-style-type: none"> • None
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Sleeper stretch if needed for capsule stretch
Cardiovascular Exercises	<ul style="list-style-type: none"> • No restrictions
Progression Criteria	<ul style="list-style-type: none"> • Patient education about continuing strengthening with proper movement patterns, no compensation and any lifting precautions per MD