

**Patient Name:**

**Patient Phone:**

**Surgery/DOS:**

**Surgeon:**

## **SUBSCAPULARIS REPAIR W/ OPEN BICEPS TENODESIS REHABILITATION PROTOCOL**

|                                 | <b>RANGE OF MOTION</b>  | <b>IMMOBILIZER</b>  | <b>EXERCISES</b>   |
|---------------------------------|---|---|--|
| <b>PHASE I</b><br>0-6 weeks     | <b>0-3 weeks:</b> None<br><b>3-6 weeks:</b> Begin PROM<br>Limit 90° flexion, 45° ER,<br>20° extension                           | <b>0-2 weeks:</b><br>Immobilized at all<br>times day and night<br><br>Off for hygiene and<br>gentle home exercise<br>according to<br>instruction sheets<br><br><b>2-6 weeks:</b> Worn<br>daytime only | <b>0-2 weeks:</b> Elbow/wrist ROM, grip<br>strengthening at home only<br><br><b>2-6 weeks:</b> Begin PROM activities<br>Limit 45° ER<br><br>Codman's, posterior capsule<br>mobilizations; avoid stretch of anterior<br>capsule and extension; No active IR |
| <b>PHASE II</b><br>6-12 weeks   | Begin active/active-<br>assisted ROM, passive<br>ROM to tolerance<br><br><b>Goals:</b> full ER, 135°<br>flexion, 120° abduction | None  | Continue Phase I work; begin active-<br>assisted exercises, deltoid/rotator cuff<br>isometrics at 8 weeks<br><br>Begin resistive exercises for scapular<br>stabilizers, biceps, triceps and rotator<br>cuff*<br><br>No resisted IR                         |
| <b>PHASE III</b><br>12-16 weeks | Gradual return to full<br>AROM  | None  | Advance activities in Phase II;<br>emphasize external rotation and<br>latissimus eccentrics, glenohumeral<br>stabilization<br><br>Begin muscle endurance activities<br>(upper body ergometer)<br><br>Cycling/running okay at 12 weeks                      |
| <b>PHASE IV</b><br>4-5 months** | Full and pain-free  | None  | Aggressive scapular stabilization and<br>eccentric strengthening<br><br>Begin plyometric and throwing/racquet<br>program, continue with endurance<br>activities<br><br>Maintain ROM and flexibility  |
| <b>PHASE V</b><br>5-7 months    | Full and pain-free  | None  | Progress Phase IV activities, return to<br>full activity as tolerated  |

**Comments:**

**Modalities:**

Dry Needling

Cupping

Electrical Stim

Soft tissue mobilization/Manual therapy/Graston

Per treating therapist

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_