Introduction

- **Goal**: Reestablish range of motion (ROM) without stressing anterior capsule or labral repair.
- Full recovery may take 12 months.
- The subscapularis is detached at the beginning of the procedure and then reattached at the end of the procedure. Therefore, active internal rotation (IR) strengthening or passive external rotation (ER) must not occur during the first 6 weeks.
- May return to tennis and swimming (e.g. breaststroke) at 3 months.
- May return to contact sports and weight lifting at 6 months.

**Phase I – Protective (0 to 3 weeks)**

- Active assisted forward elevation (FE) with pulleys, progressively increase to 90 degrees.
- Start pendulum exercise taught for passive ROM only.
- Isometric ER with elbow at side and forearm on the stomach.
- Isometric abduction with the elbow at the side.
- Active assisted ER to 0 degrees.
- Passive IR exercise.
- Active ROM of scapula (elevation, depression, protraction, retraction), elbow (flexion, extension, pronation, supination), wrist and digits (putty exercises).
- Patient should wear sling during the day and sling and swathe to sleep.

**Phase II (3 to 6 weeks)**

- Increase active assisted FE with pulleys to 140 degrees.
- Start adduction stretching, with arm pulled across the body.
Phase III (6 to 9 weeks)

- Start active assisted ER with elbow at side to 30 degrees.
- Start active assisted abduction to 90 degrees.
- Start active IR.
- Increase FE with the pulleys to equal contralateral shoulder.
- Gentle mobilizations (grade I & II) for pain relief.

Phase IV-Strengthening Phase (9 to 16 weeks)

- Start rotator cuff strengthening exercise, including active IR.
- Increase active assisted abduction to equal contralateral shoulder.
- Aggressive mobilization (Grade III & IV) for increasing ROM.
- Total gym - lat pulldowns, rowing exercises, pullovers.
- Upper Body Ergometer (UBE) for endurance.
- Closed kinetic chain exercises (CKC) as directed by therapist.
- Work on any focal deficits.

Jason K. Lowry, MD