

REHABILITATION PROTOCOL

Subscapularis Repair

Your guide to recovery



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WELCOME

Your guide to recovery

following subscapularis repair

This rehabilitation guide has been carefully developed to support your recovery following surgery and to help you achieve the best possible outcome.

It outlines the recommended rehabilitation pathway, providing guidance for your recovery at home and serving as a resource for you and your physiotherapist throughout the rehabilitation process.

Recovery is a gradual and individual journey. While this protocol provides a structured framework, your rehabilitation may be adjusted according to your specific procedure, progress and goals.

We encourage you to work closely with your physiotherapist and follow the advice provided by Dr Harry Constantin and his team during consultations.

We are committed to supporting you throughout your recovery and helping you return safely and confidently to the activities that matter most to you.



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Important message for physiotherapists

This protocol is a guide, and also a summary of a more detailed protocol which I recommend reading: the 2016 consensus statement of the American Society of Shoulder and Elbow Therapists on rehabilitation following arthroscopic rotator cuff repair.

Key concepts

- No component of rehabilitation is more important than patient education
- Balance rehabilitation goals with healing: early range of motion after repair carries nearly a two-fold risk of re-tear
- Supervised rehabilitation should monitor external rotation in neutral abduction, and forward elevation in the plane of the scapula, as indicators of progress
- Stiffness at 1 year is not common
- Poor compliance leads to poor outcomes, particularly in the first 6 weeks

Full article: [jshoulderelbow.org/article/S1058-2746\(15\)00751-X](http://jshoulderelbow.org/article/S1058-2746(15)00751-X)

Thigpen CA, Shaffer MA, Gaunt BW, Leggin BG, Williams GR, Wilcox RB 3rd. The American Society of Shoulder and Elbow Therapists' consensus statement on rehabilitation following arthroscopic rotator cuff repair. J Shoulder Elbow Surg. 2016 Apr;25(4):521–35. doi: 10.1016/j.jse.2015.12.018. PMID: 26995456.

Your recovery in *four phases*

This protocol is designed to guide you and your physiotherapist through your recovery. Subscapularis repair rehabilitation is different from standard (posterosuperior) rotator cuff rehabilitation. Your treatment may be adjusted to meet your individual needs. Never push through sharp pain, and always keep your exercises within your safe external rotation range.

1	Protection & Passive Mobility	WEEKS 0-6
2	Active Motion & Range of Motion Restoration	WEEKS 7-12
3	Strengthening & Functional Control	3-6 MONTHS
4	Advanced Strengthening & Return to Sport and Work	6 MONTHS +

Key principles



Avoid pain and sharp, sudden movements



Focus on control, posture and gradual progression – not speed



Regular physiotherapy reviews keep your recovery safe and steady

Remember

- **Protect the repair** – avoid jerky, lifting or pulling movements early; respect healing limits.
- **Individualised recovery** – progress depends on tear size, tissue quality, age and any additional procedures.
- **Gentle movement** – range of motion should be pain-free and as tolerated; never force end range.
- **Team communication** – ongoing contact between Dr Constantin, your physiotherapist and you keeps progress safe.
- **Healing takes time** – tendon-to-bone healing is slow; timelines are guides and may need extending.

Protect your subscapularis



No subscapularis strengthening for 12 weeks

No resisted internal rotation until 12 weeks. Keep external rotation within the limit for each stage.

Things to avoid



No active shoulder movement

Weeks 0–6



Forward elevation to 90° only, bent over

Weeks 3–6, passive or assisted



External rotation to 30° at the side

Weeks 7–9 – none at 90° of abduction



External rotation to 45°

Weeks 10–12, at the side and in 30° abduction



No weight bearing, lifting or overhead movement

Weeks 0–6



If you also had a biceps tenodesis, keep your elbow bent to protect it

Weeks 0–6

Key milestones



WEEKS 0–2

Pendulars, gentle elbow movement, scapula setting.



WEEKS 7–9

Progress to active movement, 0–120° in the plane of the scapula.



WEEKS 10–12

Gentle supraspinatus and infraspinatus strengthening.



12 WEEKS

Subscapularis (resisted internal rotation) strengthening can start.



6 MONTHS +

Overhead, high-load and impact activities.

Protection & Passive Mobility

WEEKS 0-6

1

GOALS

Protect the surgical repair and allow the tendon to heal. Control pain and swelling. Maintain hand, wrist and elbow mobility. Begin gentle scapula activation. Achieve safe, pain-free assisted shoulder motion.

PRECAUTIONS

- ◆ Wear the sling day and night — it can come off for showers
- ◆ If you also had a biceps tenodesis, keep your elbow bent to protect it
- ◆ No active shoulder (glenohumeral) movement early on
- ◆ No weight bearing, lifting or overhead movement
- ◆ Stop the activity if sharp pain, swelling or night pain occurs

PROGRESSION

- **Weeks 0-2:** pendular exercises. Gentle elbow range of motion out of the sling. Scapula setting.
- **Weeks 3-6:** passive or assisted forward elevation with gravity eliminated (bent over), to 90° only. No active range of motion.

STRENGTH & CONTROL

Hand, wrist and elbow exercises. Gentle pendulars; no resisted rotator cuff work. Rest and ice on the shoulder.

WORK & SPORT

Light desk work only (if approved). No lifting, pushing, pulling or overhead activity.

MAINTENANCE

Continue using the sling. Maintain hand, wrist and elbow mobility and scapula control. Avoid compensatory shoulder movement.

Active Motion & Range of Motion Restoration

2

WEEKS 7-12

GOALS

Achieve near-full active and active-assisted range of motion. Restore shoulder coordination and scapula control. Continue to protect the tendon. Gradually reintroduce functional activities.

PRECAUTIONS

- ◆ No heavy or high-resistance loading
- ◆ Avoid overhead or end-range movements
- ◆ No sudden jerks, lifting or impact through the shoulder
- ◆ Monitor pain and swelling – reduce the load if pain returns

PROGRESSION

- **Weeks 7-9:** progress from passive to active-assisted to active range of motion, 0-120° in the plane of the scapula. External rotation to 30° at the side. No external rotation at 90° of abduction.
- **Weeks 10-12:** full active-assisted to active range of motion; internal and external rotation to 45° at the side and in 30° abduction. Gentle supraspinatus and infraspinatus strengthening can begin. No subscapularis strengthening (resisted internal rotation) until 12 weeks.

STRENGTH & CONTROL

Pulley or cane-assisted exercises, if not over-activating the shoulder blade or shrugging. Scapula setting (elevation/retraction). Assisted flexion (lying on your back), side-lying external rotation. Towel slides or horizontal dusting. Wall push-ups, scapula protraction/retraction holds. Closed-chain wall drills (as tolerated).

WORK & SPORT

Desk or light work: 6-8 weeks (no overhead or heavy lifting). Manual labour and sport: wait until the next phase. Light aerobic activity is fine.

MAINTENANCE

Continue daily range of motion and scapula exercises. Correct compensations (avoid hitching the shoulder blade). Maintain posture: thoracic extension and scapula retraction.

Strengthening & Functional Control

3

3-6 MONTHS

GOALS

Regain full functional range of motion. Begin moderate rotator cuff and scapula strengthening. Achieve multi-directional shoulder control. Prepare for work- or sport-specific loading.

PRECAUTIONS

- ◆ Avoid heavy or rapid overhead loading (more than 3–4 kg early on)
- ◆ No incline bench, dips or chin-ups until later phases
- ◆ Regress if pain, swelling or night pain develops

PROGRESSION

Gradually introduce light weight-bearing drills: wall, then knee, then normal push-ups. Increase resistance from endurance to moderate loads. Begin sport- or work-specific tasks: overhead, rotational and plyometric control.

STRENGTH & CONTROL

Prone horizontal extension to 90° abduction (short lever). Internal and external rotation above 90° only when the rotator cuff is strong and pain-free. Closed-chain scapular drills and functional reach and lift patterns. Sport-specific mechanics: throwing, swinging, swimming. Emphasise endurance first, then gradually add moderate strength loads.

WORK & SPORT

Light to moderate work when pain-free, with full range of motion and good control. Heavy manual work or overhead sport: wait until the next phase. Focus on the quality of movement rather than loading the shoulder.

MAINTENANCE

Continue strengthening and stretching. Focus on scapula and core stability, posture and thoracic mobility.

Advanced Strengthening & Return to Sport and Work

6 MONTHS +

GOALS

Achieve full strength and endurance of the shoulder and scapula. Restore full functional and sport-specific movement. Return safely to overhead, high-load or impact activities, while protecting the tendon.

PRECAUTIONS

- ◆ Avoid maximal resistance if pain or swelling occurs
- ◆ Progress sport-specific loading gradually
- ◆ Monitor for night pain or shoulder fatigue

PROGRESSION

Continue closed-chain and open-chain strengthening. Progress to heavier resistance and functional multi-planar movements. Add plyometric and dynamic overhead tasks. Gradually return to sport- or work-specific drills.

STRENGTH & CONTROL

Full push-ups, bench press, rows, overhead lifts (pain-free). Sport-specific drills: throwing, swimming, racquet sports, lifting tasks. Emphasise endurance, then power and strength. Monitor scapula mechanics and posture.

WORK & SPORT

Light to moderate work: from 12 weeks, if pain-free and strong. Heavy manual work or overhead sport: usually 4–6 months. Full return when your strength is at least 90% of the other side and pain-free.

MAINTENANCE

Continue strengthening, stretching and posture control for 6–12 months. Emphasise scapula and core stability. Watch for pain or weakness and adjust the load early.