

(PROTOCOL #7) SUBSCAP COMPLETE TEAR PROTOCOL

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The following is a set of general guidelines. It is important to remember that each patient is different. The progress of the patient depends on many factors including age and medical health of the patient and physician preferences. Any bracing is discontinued **ONLY UPON DIRECTIONS OF PHYSICIAN.**

PHASE	FUNCTIONAL PROGRESSION/ACTIVITIES	GOALS/RESTRICTIONS
Post-op to 2 weeks	OT elbow/hand ROM putty and ADL Modifications Isometrics: deltoid (anterior, middle, posterior), bicep/triceps periscapular, shoulder shrugs scapular retraction Joint Mobs; Grade 1-2 PROM/gentle stretching – 2 weeks, modalities as needed, ER with limits	DASH questionnaire at time of evaluation and every 4 weeks Decrease pain Increase ROM to WFL
2 weeks	Pendulum	
4 weeks	All of above including: Supine forward flexion, stick ER with limits, ordered Cross arm adduction	
6 weeks	All of above including: Pulley flexion Internal rotation up back Supine Cross arm adduction	
8 weeks	All of above including: Pulley abduction	BRADING REMOVED ONLY UNDER DIRECTION OF PHYSICIAN
10 weeks	All of above including: AROM UBE	Continue to decrease pain Movement reeducation for Glenohumeral and Scapulohumeral rhythm

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PHASE	FUNCTIONAL PROGRESSION/ACTIVITIES	GOALS/RESTRICTIONS
10-12 weeks	All of above including: Progress to all 5 planes theraband 1-2 week period to progress; every other day to start Start IR/ER then add flex/ext and then add abduction Max 45° arc after 2 weeks, can do daily then progress to full arc	Return patient to functional status
14 weeks	All of above including: More Strengthening: light dumbbell, biceps/triceps, advance therabands Advance Strengthening i.e. Endurance Plyometrics	Activities: Gradually increase activity Golf: pitching wedge to start in approx 6 months Bowling: use weighted ball at approx 6 months Tennis: same start slow gradually increase activity Driving: Able to drive, monitor meds Shower: usually after first dressing with watertight dressing Throwing: 6 months

Refer to enclosed table for suggested exercises which optimize muscle function based on EMG activity.

Approved By: _____

Physician reserves the right to adjust these protocols for each patient.

Signature: _____ Date: _____
Robert M. Doane, M.D., P.C.

Signature: _____ Date: _____

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