

Patient Name: _____

Date of Surgery: _____

Shoulder Arthroscopy & Subscapularis Repair

You will be required to wear a sling for 4-6 weeks depending on the extent of your surgery, this will be explained to you by your surgeon/physiotherapist. During this period, it is important to maintain mobility of the surrounding joints to prevent stiffness. You will be guided on weaning off your sling at your 4 week review appointment with Prof. Moran. You should avoid actively moving your shoulder during these first 4 weeks. The following exercises should be carried out 3-4 times daily.

1. Neck Range of Movement



Turn your head to one side, then the other. Repeat 10-15 times Tilt your head towards one shoulder, then the other.

Repeat 10-15 times.

2. Wrist Range of Movement



Move your wrist up and down. Rotate it in circles, clockwise and anti-clockwise.

Repeat 10-15 times.

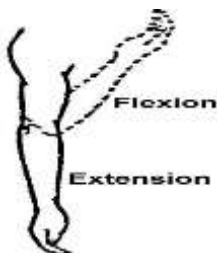
3. Shoulder Blade Exercise



Keep your arms relaxed. Square your shoulder blades (pull them back and slightly down). Do not let your back arch. Do not let your elbows move backward. Hold for 10seconds.

Repeat 10-15 times.

4. Elbow Range of Movement



Take your arm out of the sling. Keep your arm by your side. Straighten your elbow fully and bend it fully.

Repeat 10-15 times.

Physiotherapy Rehabilitation Guidelines: Shoulder Arthroscopy & Subscapularis Repair

Phase	Mobilisation	ROM	Exercises / Strengthening	Precautions
Phase 1 Week 0-4	Immobiliser at all times	Minimal movement for comfort	AROM to wrist & elbow / Scapula Retractions / Postural Alignment / Scapula Mobilisation	NO ACTIVE SHOULDER MOVEMENT ! *Avoid external rotation past neutral
Phase 2 Week 4-6	Immobiliser at all times, except during exercises	Begin Passive ROM	Passive supine Ext Rotn* / Int Rotn / Passive FwdFlexion in scapular plane / Pendular Exercises / AROM to wrist / elbow / RC Isometrics / Scapula Setting / Retractions / Postural Alignment / Abdominal Activation	Begin physiotherapy / Early Motion Phase / No active ROM / Passive ROM only within pain free range *Do not overstress external rotation*
Phase 3 Week 6+	May wean out of immobiliser	Begin gentle AROM & AAROM exercises	PROM / AAROM FwdFlex / ExtRotn / IntRotn / Wand exercises / Gentle AROM excs / Shoulder Pulleys / Scapular stabilisation / Wall Slides / Posterior Capsule Stretching / Gentle Theraband excs – IR / ER / Proprioceptive excs (gym ball) / Closed Chain excs / Manual mobilization / Pool therapy for ROM / Address the kinetic chain – trunk / lower extremity	No heavy lifting / Exercises in pain free range / Avoid repetitive arm behind back movements / Emphasis on correct exercise technique
Phase 4 Week 10+	No immobiliser	Aim for full AROM / AAROM	Gentle Theraband excs / Humeral head stabilization / Scapular stabilization / Prone Ts & Ys / Prone Rows / Latissimus strengthening / Wall push ups / Shoulder Press / Lat Pull Downs / Upper Limb Flexibility / Pool therapy / Posterior capsule stretching / Address kinetic chain / trunk / lr extremity	Full pain free ROM / Normal scapulo-humeral rhythm / Emphasis on correct exercise execution / Progression of Strengthening / Control
Phase 5 Week 16+	No Immobiliser	Full ROM	Progression of upper extremity strengthening / flexibility / Bench press / Chest Press / Activity specific plyometrics / Overhead / throwing programme (20weeks+)	Symmetrical scapulo-humeral rhythm & RC strength / Emphasis on correct exercise execution

Note: As everyone progresses at different rates, the rehabilitation programme should focus on criteria based progression, rather than timeline based progression. For each exercise, it is imperative to have consistent sequential progressions. Once the patient / athlete is proficient with execution of a particular exercise, the exercise can be increased in complexity, with emphasis on technique efficiency.

Please contact rehab@cathaljmoran.com if you have any questions.