

Post-operative rehabilitation protocol

Subscapularis repair

Repair of the rotator cuff tendon at the front of the shoulder. For patients, physiotherapists, and GPs.

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The plan at a glance

The subscapularis turns the arm inwards and steadies the front of the joint. Turning the arm outwards stretches the repair, so that movement is limited for six weeks. Resisted inward turning waits twelve.

	Phase 1 Weeks 0 to 2	Phase 2 Weeks 2 to 6	Phase 3 Weeks 6 to 12	Phase 4 After 12 weeks
Sling	On day and night, off for exercises	On until week 4 to 6, off for exercises	None	None
Movement	Pendulums. Assisted lift to 90°, outward turn to straight ahead	Assisted lift as comfort allows, outward turn to 20°	Active, unaided. Outward turn regained gradually	Full range, stretch the end of range
Load	A cup of tea, elbow at the side	A cup of tea, elbow at the side	Up to 2 kg. No resisted inward turning	Progressive strengthening
Review	Wound check at 2 weeks	Clinic at 6 weeks	Clinic at 12 weeks	Clinic at 6 months

Darker shading means tighter restriction. Times are guides. Your surgeon's instructions take precedence where they differ.

Seek advice urgently if

- A wound becomes red, hot, or swollen, or it leaks or opens.
- You have a fever or feel unwell.
- You feel a pop at the front of the shoulder, with sudden pain and weakness turning the arm inwards.
- The shoulder locks or changes shape.
- New numbness, tingling, or weakness develops in the arm or hand.
- The hand becomes cold, pale, or blue.

Call 999 or go to the Emergency Department for shortness of breath or chest pain.

For anything else on this list, contact your surgical team the same day. Out of hours, call NHS 111.

Phase 1

Protect: weeks 0 to 2

Aims: control pain, protect the repair and the wounds, start gentle assisted movement.

Do

- Wear the sling day and night. Take it off to wash, dress, and exercise.
- Move the fingers, wrist, and elbow fully, several times a day.
- Start pendulum exercises from day one.
- Lying on your back, lift the arm with the other hand to 90°, within comfort.
- Keep a pillow behind the elbow when lying down, so the arm does not drop back.
- Sleep propped up on pillows.
- Keep the dressings dry until the wound check.

Avoid

- Turning the arm outwards past the straight-ahead position.
- Reaching behind your back.
- Pressing the hand into the stomach or pushing.
- Lifting the arm unaided.
- Lifting anything heavier than a cup of tea.
- Driving.

Expected in this phase

The shoulder swells after keyhole surgery and settles in a few days. Pain is often worst at night for the first two to three weeks.

Phase 2

Move with help: weeks 2 to 6

Aims: regain lifting with assistance, protect the repair.

Do

- Wear the sling until your surgeon advises, usually four to six weeks.
- Continue pendulums and assisted lifting. Go beyond 90° as comfort allows.
- With the elbow at your side, turn the forearm outwards with a stick to 20°. No further.
- Use a pulley or table slides. The other arm does the work.
- Use the hand at waist level with the elbow at your side.
- Keep the shoulder blades set back.

Avoid

- Turning outwards beyond 20°.
- Reaching behind your back or to a back pocket.
- Pushing: doors, chair arms, getting out of bed.
- Lifting the arm unaided.
- Lifting anything heavier than a cup of tea.

Move on to Phase 3 when

Six weeks have passed and assisted lifting reaches beyond shoulder height.

Phase 3

Active movement: weeks 6 to 12

Aims: lift the arm unaided, regain outward turn, return to light daily tasks.

Do

- Stop using the sling.
- Lift the arm unaided. Begin lying down, then sitting, then standing.
- Stretch outward turning gradually, a little further each week.
- Reach behind the back gently, within comfort, from week eight.
- Add static (isometric) exercises for the deltoid and the outward turners.
- Use the arm for light tasks up to shoulder height, then above.

Avoid

- Resisted inward turning: pushing doors, tucking in with force.
- Lifting more than 2 kg.
- Resistance bands and weights.
- Body weight through the arm.
- Sudden or jerking movements.

Move on to Phase 4 when

Twelve weeks have passed and you can lift the arm above shoulder height without hitching the shoulder.

Phase 4

Strengthen and return: after 12 weeks

Aims: restore strength, return to work and sport.

- Start resistance bands, including inward turning. Build load gradually.
- Strengthen the whole rotator cuff, the deltoid, and the shoulder blade muscles.
- Introduce pushing in stages: wall press, incline press, then floor work from five months.
- Return to heavy manual work and contact sport from six months.

What to expect

Improvement continues for 12 months. Strength turning inwards and pressing the hand to the stomach is the last thing to return.

Return to activity

Typical times from surgery. Each depends on comfort, movement, and healing.

Activity	From	Condition
Desk work	1 to 2 weeks	One-handed, in the sling
Driving	6 to 8 weeks	Out of the sling, able to control the wheel. Tell your insurer.
Light tasks to shoulder height	6 weeks	Out of the sling
Running	8 to 10 weeks	Comfortable arm swing
Swimming, breaststroke	12 weeks	Active lift above shoulder height
Light manual work	12 weeks	Within the 2 kg limit, then building
Light gym resistance	12 weeks	No heavy pressing
Golf	4 months	Putting and chipping from 12 weeks
Racket sports, front crawl	4 to 6 months	Good range and strength
Heavy manual work, contact sport	6 months	Full strength

When to slow the protocol

Some patients need more time. Your surgeon will tell you if any of these apply.

- **Biceps tendon fixed lower down (tenodesis) at the same operation.** No resisted elbow bending or forceful forearm turning for six weeks.
- **Large or retracted tear, or open repair.** Outward turning stays at straight ahead for the full six weeks. Unaided lifting waits until eight weeks.
- **Repair of other rotator cuff tendons at the same operation.** Follow the large cuff repair protocol, with the outward turn limits from this one.
- **Repair after a dislocation.** Follow the stabilisation precautions your surgeon gives.
- **Smoking and diabetes.** Both slow healing. Stop smoking and vaping nicotine. Keep blood sugar well controlled.

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This protocol is general guidance for uncomplicated repair of an isolated subscapularis tendon tear. It is not a substitute for individual medical advice. Instructions from your own surgeon and therapist take precedence.

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