PHASE I  
**Time frame: 0–4 weeks post-op**  
**Type of motion allowed: Passive Range of Motion (PROM)**  
- Glenohumeral ER: work toward full ER (Position in 15°–20° ABD). Focus on glenohumeral motion, not just gross shoulder motion. If there is a subscapularis repair, check with MD about ER restrictions.  
- Glenohumeral ABD 0°–90°.  
- After your glenohumeral ABD reaches 60°–70°, you may begin to work on ER as tolerated at 45° ABD. If there is a subscapularis repair, check with MD about ER restrictions.  
- Gross shoulder elevation (Scaption) 0°–140°. No sagittal plane flexion stretch.  
- No IR stretch (arm to stomach when elbow at side only).  
- Pendulums/Codman’s.  
- Sling full-time except when sitting still such as watching TV or reading. Arm control by gravity only for shower.  
- OK to use hand cautiously for functional tasks such as typing (arm should be kept in sling).  
- Postural work, upper trapezius relaxation, active scapular retraction and depression.  
- Encourage a walking program, stationary bike, etc. for light cardio exercise and fighting “the blues.”  
- Wrist/elbow range of motion.

PHASE II  
**Time frame: 4–8 weeks post-op**  
**Type of motion allowed: Active Assisted Range of Motion (AAROM), Active Range of Motion (AROM)**  
- Assistance with opposite hand is considered active assisted.  
- Glenohumeral ER: work toward full ER (OK to position between 0°–60° ABD). If there is a subscapularis repair, check with MD about ER restrictions.  
- Gross shoulder elevation (scaption) 0°–full.  
- Begin active assisted elevation supine. When at least 150°, progress to upright active assisted elevation and supine active elevation. When supine active elevation is at least 150°, progress to upright active elevation.  
- No sling needed. May use it for safety.  
- OK to operate an automatic vehicle—patient must evaluate their own safety.  
- Aquatic Therapy AAROM-AROM.  
- Isometrics when patient has active elevation of at least 150° (No pure ABD isometrics).  

**Goals at 8 weeks:** Full ER and scaption, functional use of arm at side, minimal pain, good posture.

PHASE III  
**Time frame: 8+ weeks post-op**  
**Type of motion allowed: Resistance**  
- OK to begin pure flexion and ABD stretches, IR stretch, and ER stretch in full ABD.  
- Isometrics.  
- Begin gentle isotonic exercises week 10.  
- Closed chain exercises such as wall pushups week 10.  
- OK to operate a stick shift vehicle involving the recovering arm.  
- OK to run.
**PHASE IV**

**Time Frame:** 3-4 months post-op  
**Type of motion allowed:** Progressive strengthening  
- Light weight and high repetition initially.  
- Progress as tolerated. Focus on scapular stabilization as well as RTC patterns of strengthening.

**PHASE V**

**Time Frame:** 6+ months post-op  
**Type of motion allowed:** Return to sport  
- Golf (trailing arm may be ready to return before lead arm), fly fishing.  
- Throwing, racquet sports, boating, skiing.