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Rehabilitation	prescription	tor:



Pediatric Orthopedic and Scoliosis Center Rehabilitation Medicine Center

Patient label

Dr. Tysklind's Subscap Repair/Lesser Tuberosity Rehab Protocol

Diagnosis: R / L

Procedure date: S/P:

	WEEK											MONTH				
	1	2	3	4	5	6	7	8	9	10		3	4	5	6	
PHASE 1 EXERCISES PROM																
Pendulums	•	•	•	•	•	•	•	•								
Forward Elevation 0 to 90			•	•	•	•	•	•	•	•		•	•	•	•	
Full Forward Elevation						•	•	•	•	•		•	•	•	•	
Abduction 0-60			•	•	•	•	•	•	•	•		•	•	•	•	
Full Abduction						•	•	•	•	•		•	•	•	•	
External Rotation 0 to 30						•	•	•								
External Rotation 0 to 45									•	•						
Full External Rotation												•	•	•	•	
Full Internal Rotation			•	•	•	•	•	•	•	•		•	•	•	•	
PHASE 2 EXERCISES AROM																
Pendulums	•	•	•	•	•	•	•	•								
Full Forward Elevation						•	•	•	•	•		•	•	•	•	
Abduction 0-60			•	•	•	•	•	•	•	•		•	•	•	•	
Full Abduction						•	•	•	•	•		•	•	•	•	
External Rotation 0 to 30						•	•	•								
External Rotation 0 to 45									•	•						
Full External Rotation												•	•	•	•	
Full Internal Rotation			•	•	•	•	•	•	•	•		•	•	•	•	
PHASE 3 STRENGTHENING																
EXERCISES																
External Rotation						•	•	•	•	•		•	•	•	•	
Internal Rotation												•	•	•	•	
Forward Punch						•	•	•	•	•		•	•	•	•	
Seated Rows						•	•	•	•	•		•	•	•	•	
Shrugs						•	•	•	•	•		•	•	•	•	
Curls						•	•	•	•	•		•	•	•	•	
PHASE 4 RETURN TO HIGH																
LEVEL ACTIVITIES																
Golf													•	•	•	

Tennis							•	•	•
Football/Lacrosse/Hockey								•	•
Baseball/softball							•	•	•

Additional Instructions:

- *Keep hands within eyesight, minimize overhead movements
- *No military press, pulldowns behind neck or wide grip bench
 *Sling x 6 weeks at all times (except for PT exercises), including sleep

Robert G. Tysklind, MD

Date