Rehabilitation Protocol: Superior Capsular Reconstruction

Name: ____________________________________________ Date: __________________________

Diagnosis: ____________________________________________ Date of Surgery: __________

Box

Phase I (Weeks 0-4)
- Sling immobilization with supporting abduction pillow to be worn at all times except for showering and rehab under guidance of PT (if instructed to start before 4 weeks post surgery)
- If physician wants therapy to start before 4 weeks post op:
  - Range of Motion – True Passive Range of Motion Only to Patient Tolerance
    - Goals: 140° Forward Flexion, 40° External Rotation with elbow at side, 60-80° Abduction without rotation, Limit Internal Rotation to 40° with the shoulder in the 60-80° abducted position
    - Maintain elbow at or anterior to mid-axillary line when patient is supine
  - Therapeutic Exercise – No canes or pulleys during this phase
    - Codman Exercises/Pendulums
    - Elbow/Wrist/Hand Range of Motion and Grip Strengthening
    - Isometric Scapular Stabilization
  - Heat/Ice before and after PT sessions

Box

Phase II (Weeks 4-8)
- Discontinue sling immobilization
- Range of Motion
  - 4-6 weeks: Gentle passive stretch to reach ROM goals from Phase I
  - 6-8 weeks: Begin AAROM → AROM as tolerated
- Therapeutic Exercise
  - 4-6 weeks: Being gentle AAROM exercises (supine position), gentle joint mobilizations (grades I and II), continue with Phase I exercises
  - 6-8 weeks: Progress to active exercises with resistance, shoulder flexion with trunk flexed to 45° in upright position, begin deltoid and biceps strengthening**
- Modalities per PT discretion

Box

Phase III (Weeks 8-12)
- Range of Motion – Progress to full AROM without discomfort
- Therapeutic Exercise
  - Continue with scapular strengthening
  - Continue and progress with Phase II exercises
  - Begin Internal/External Rotation Isometrics
  - Stretch posterior capsule when arm is warmed-up
- Modalities per PT discretion
Phase IV (Months 3-6)

- Range of Motion – Full without discomfort
- Therapeutic Exercise – Advance strengthening as tolerated: isometrics → therabands → light weights (1-5 lbs),
  - 8-12 repetitions/2-3 sets for Rotator Cuff, Deltoid and Scapular Stabilizers
  - Return to sports at 6 months if approved
- Modalities per PT discretion

Comments:
**IF BICEPS TENODESIS WAS PERFORMED - NO BICEPS STRENGTHENING UNTIL 8 WEEKS POST-OP**

Frequency: _____ times per week  
Duration: ______ weeks

Signature:  
Date: _________________