



Superior Capsular Reconstruction Post-Operative Protocol

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I – Maximum Protection

Weeks 0 to 4:

- Sling for 6 weeks, ultra-sling with abduction pillow
- Avoid passive shoulder motion until week 4
- Avoid active shoulder motion
- Passive range of motion only
 - No motion x4 weeks
 - Progressive PROM in all directions as tolerated beginning at 4 weeks
 - Avoid ER past 20 degrees if subscapularis repair

Goals

- Reduce inflammation
- Decrease pain
- Postural education

Exercise progression

- Cervical range of motion and basic deep neck flexor activation (chin tucks)
- Instruction on proper head, neck, shoulder alignment and use of immobilizer
- Active hand and wrist range of motion
- Active shoulder retraction
- Passive scapular mobility
- Upper thoracic mobilization, postural exercise
- Pendulums
- Ice and modalities to reduce pain and inflammation

Phase II – Restoring passive mobility

Weeks 4 to 6 weeks:

- Wear sling at all times (at 5 weeks transition to sling without pillow for final week)
- Initiate PROM
 - No shoulder extension past neutral
 - No internal rotation past 30 degrees

Goals

- Postural education with cervical spine in neutral scapular positioning
- Shoulder PROM:
 - Flexion to 150° by week 6
 - Abduction and scaption to 120° by week 6
 - Internal rotation 0-30° at 45° abduction by week 6
 - External rotation 0-60° at 45° abduction by week 6
 - No shoulder extension past neutral

Manual therapy

- Graded glenohumeral and scapulothoracic mobilizations
- Scar tissue mobilization when incisions are healed
- STM to shoulder and cervicothoracic complex

Exercise progression

- PROM shoulder exercises
- AAROM/AROM exercises of the wrist/hand and elbow
- AAROM exercises of shoulder in supine
- DNF and proper postural positioning with shoulder retraction
- Shoulder pendulums
- Low to moderate intensity cardiovascular work (walking or stationary bike)

Phase III – Active/Active assisted range of motion

Weeks 6 to 8:

- Discontinue sling at 6 weeks
- Continue PROM
- Initiate AAROM in the upright position
- Initiate AROM below 90°

Goals

- Shoulder PROM:
 - Progress ROM as tolerated in all directions

Manual therapy

- Graded glenohumeral and scapulothoracic mobilizations
- Scar tissue mobilization when incisions are healed
- STM to shoulder and cervicothoracic complex

Exercise progression

- AAROM in supine and upright positions-cane,pulleys, etc.
- AROM up to 90° flexion/scaption/abduction
- Manual perturbations with arm at 90° flexion and ER/IR in neutral
- Initiate posterior capsular stretching at 6 weeks
- Serratus activation
- Low to moderate intensity cardiovascular work

Phase IV – Progressing range of motion

Weeks 8 to 12:

- Progress to full PROM and AROM
- Normalize glenohumeral and scapulothoracic kinematics

- Initiate submaximal isometrics at 8 weeks

Goals

- Shoulder PROM full in all directions by week 10

Manual therapy

- PROM and mobilizations to progress range of motion
- Manual perturbations in supine with arm in 90° flexion and ER/IR at neutral
- PNF patterns

Exercise progression

- Submaximal isometrics in all directions
- Full PROM and AAROM at shoulder
- Shoulder AROM at and below 90°
- Initiate UE bike at 10 weeks below 90° shoulder flexion
- Prone in side-lying shoulder AROM below 90° for scapulohumeral muscle activation

Phase V – Progressing Strength and Plyometric Drills

Weeks 12 to 24:

- Full shoulder AROM/PROM
- Progress shoulder AROM above 90° at 12 weeks
- Initiate strengthening at 12 weeks with gradual progression
- Initiate plyometric drills at 18 weeks postop
- Followup examination with physician at 6 months for release to full activity

Goals

- Full range of motion
- Begin strengthening program at 12 weeks
- Initiate plyometric exercises at 18 weeks

Manual therapy

- STM and joint mobilization to glenohumeral, scapulothoracic and cervicothoracic as needed
- Manual perturbations
- PNF patterns

Exercise progression

- End range stretching to achieve full AROM in all directions
- Progress UE bike above 90° at 12 weeks as tolerated
- Initiate and progress rotator cuff and scapular strengthening program
- Initiate plyometric and rebound or drills
- Closed kinetic chain exercises for scapular and core stability
- Able progress to elliptical and running for cardiovascular health at 12 weeks

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____