



Rehabilitation Protocol Superior Capsular Reconstruction

Frank B. Norberg, MD
Ryan Nelson, MPAS PA-C
Office: (952) 456-7000

Post-op appointments: 1 WEEK, 5 WEEKS, 10 WEEKS, 16 WEEKS

PHASE I (WEEKS 0-4) PROTECTION PHASE – HOME EXERCISES

Immobilization:

- Sling immobilization with supporting abduction pillow to be worn at all times except for showering and exercises as instructed at first post operative visit at 1 week. SCR patients will be in the immobilizer for 6 weeks but will start therapy at 4 weeks.
- Wear immobilizer while sleeping

Range of Motion:

- Goals 120 degrees forward flexion or 80% of uninvolved shoulder, 30 degrees external rotation with elbow at side.

Therapeutic Exercise:

- No canes or pulleys during this phase
- Elbow/wrist/hand ROM and grip strengthening
- Isometric scapular stabilization
- Codman exercises/pendulums (patient basis)

Cardiovascular Fitness:

- Stationary Bike
- Walking

Modalities

- Ice after PT (PRN)

PHASE II (WEEKS 4-8)

Immobilization:

- Discontinue sling immobilization at week 6

Range of Motion:

- **4-6 WEEKS:** Gentle passive stretch to reach ROM goals from Phase I
- **6-8 WEEKS:** Begin AAROM to AROM as tolerated. Focus on proper scapular mechanics

Therapeutic Exercise:

- **4-6 WEEKS:** Begin gentle AAROM exercises, continue with phase I exercises
- **6-8 WEEKS:** Progress to AROM. Begin biceps strengthening if tenodesis was performed.

Cardiovascular Fitness:

- Stationary Bike
- Walking/Jogging (caution with running)

Modalities:

- Heat/Ice

Progression:

- Patient can actively demonstrate 80% of motion as compared to uninvolved shoulder

PHASE III (WEEKS 8-12)

Range of Motion:

- Progress to full AROM without discomfort

Therapeutic Exercise

- Continue with scapular strengthening
- Progress AROM without weight and use visualization techniques/mirrors with proper scapular mechanics
- Begin Isometric strengthening at **11-12** weeks for Flex, Abd, IR, ER (focus on cuff activation)
- Stretch posterior capsule at end of Phase III as needed.
- Light shoulder mobilization (grade II) can be used as needed if patient is not regaining motion.

Progression:

- Progress to Phase IV when patient can demonstrate proper shoulder mechanics with scapulo-thoracic rhythm. If patient has a shoulder hike continue to focus on joint mobilization, passive motion, capsular stretching to regaining motion before progressing with strengthening. Early strengthening has been shown to put graft at increased risk of tearing. Call Dr. Norberg if there are questions about strength progression.

PHASE IV (MONTHS 3-6)

Range of Motion:

- Full without discomfort

Therapeutic Exercise

- Advance strengthening as tolerated: begin with isometrics and progress to light weight (1lb). Incorporate PNF/Dynamic/Functional movements in later progression. Thera-bands can be used when full ROM is achieved during the exercise.

Cardiovascular Fitness

- PT/Patient discretion

Modalities

- As needed

Progression:

- It is unclear from current research the extent of overhead activities/work patients can return to following an SCR. If there are questions regarding return to work or sport please call Dr. Norberg for plan.