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## Rehabilitation Protocol for Superior Capsular Reconstruction

### Phase One (Weeks 1-6) – Goal = Maximal Protection

- Decrease pain.
- Edema control
- Shoulder Immobilizer – used at all times except for:
  - Hygiene
  - Active ROM of c-spine, elbow, and wrist
- Teach proper donning and doffing of clothing and sling.
- A second mesh sling is recommend for showers
- Cryotherapy and compression for 3 weeks, 5 to 6 times per day

### Phase Two (6-10 weeks) – Goals = introduce passive rom, pain control, and return to light functional activities of daily living

- Shoulder Immobilizer is discontinued
- Begin PROM
  - ER to 45° - this will be challenging initially
  - Codman's, table slides, posterior capsule mobilizations
  - Pain-free gleno-humeral PROM in the supine position
- Begin deltoid activation – emphasis on posterior and middle deltoid
- Closed chain scapula isometrics
- Avoid stretch of anterior capsule and extension
- Initial proprioceptive therapeutic exercises

### Phase Three (10-14 weeks) – Goals = introduce AAROM, Active ROM, pain control and progression to a higher level of functional activities of daily living

- Continue Phase II work
- Begin active/active assisted ROM – in the supine position
- Advance Forward Flexion to 140°
- Abduction to 135°
- ABER to 90°
- ABIR to 45°
- Begin active assisted exercises, deltoid/rotator cuff isometrics at 14 weeks
- Begin resistive exercises for scapular stabilizers, biceps, triceps and rotator cuff

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**Phase Four (14 – 24 weeks) – Goals = Overhead strengthening, advanced closed chain, proprioceptive, and plyometric exercise. Focus on functional requirements based on strength deficits**

- Gradual return to full active range of motion as tolerated without restriction
- Advance activities in Phase III
- Emphasize external rotation and latissimus eccentrics
- Glenohumeral stabilization
- Begin muscle endurance activities (upper body ergometer)
- Cycling/running as tolerated at 18 weeks

**Phase Five (24 + weeks)**

- Full and pain free active range of motion as tolerated without restriction
- Aggressive scapular stabilization and eccentric strengthening
- Scapular perturbation
- Continue plyometric and throwing/racquet program
- Continue with endurance activities
- Maintain ROM and flexibility
- Return to full activity as tolerated at 8 months