

Superior Capsular Reconstruction

Phase I- Maximum Protection

Weeks 0 to 4:

- Wear sling at all times
- No GHJ range of motion for 4 weeks

Goals

- Reduce pain and inflammation
- Protect repair
- Postural education

Exercise progression

- No GHJ ROM x 4 weeks
- Cervical ROM and basic deep neck flexor activation (chin tucks)
- Hand and wrist AROM
- Elbow flexion PROM
- Active shoulder retraction
- Encourage walks and low intensity cardiovascular exercise to promote healing

Phase II- Passive Range of Motion

Weeks 4 to 6:

- 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
- Initiate AAROM in supine

Goals

- Postural education with cervical spine and neutral scapular positioning
- Shoulder PROM:
 - Flexion to 150 degrees by week 6
 - Abduction and scaption to 120 degrees by week 6
 - Internal rotation 0-30 degrees at 45 degrees abduction by week 6
 - External rotation 0-60 degrees at 45 degrees 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 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 upright position

- Initiate AROM below 90 degrees

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 position- cane, pulleys, etc.
- AROM up to 90 degrees flexion/scaption/abduction
- Manual perturbations with arm at 90 degrees 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 arthrokinematics
- Initiate submaximal isometrics at 8 weeks

Goals

- Shoulder PROM full in all directions by week 10

Manual therapy

- PROM and mobilizations to progress ROM
- Manual perturbations in supine with arm in 90 degrees 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 degrees
- Initiate UE bike at 10 weeks below 90 degrees shoulder flexion
- Prone and sidelying shoulder AROM below 90 degrees for scapulohumeral muscle activation

Phase V- Progressing Strength and Plyometric Drills

Weeks 12 to 24:

- Full shoulder AROM/PROM
- Progress shoulder AROM above 90 degrees at 12 weeks
- Initiate strengthening at 12 weeks with gradual progression
- Initiate plyometric drills at 18 weeks post op
- Follow up 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 ROM in all directions
- Progress UE bike above 90 degrees at 12 weeks as tolerated
- Initiate and progress rotator cuff and scapular strengthening program
- Initiate plyometric and rebounder drills
- Closed kinetic chain exercises for scapular and core stability
- Able to progress to elliptical and running for cardiovascular health at 12 weeks