



Superior Capsular Reconstruction

<u>Postop</u>	<u>Goals</u>	<u>Range of Motion</u>	<u>Shoulder Immobilizer</u>	<u>Exercises</u>
Phase I Weeks 0-6 PT 1-2x/ week HEP daily	Protect surgical repair Edema and pain control	0-2 weeks: None 2-4 weeks: Begin PROM Limit: - 90° flexion - 45° ER - 20° extension - 45° abduction - 45° ABER	Sling at all times including sleep Remove for hygiene & exercises	0-2 weeks: - Elbow/ wrist ROM - Grip strengthening - Pendulums 2-6 weeks: Begin PROM to ER to 45° - Codmans - Posterior capsule mobilizations - Avoid stretch of anterior capsule and extension - Closed chain scapula
Phase II Weeks 6-12 PT 2-3x/ week HEP daily	Protect surgical repair Begin AAROM	Begin A/AAROM - 140° forward elevation - 135° abduction - 90° ABER - 45° ABIR	D/c sling at 6 weeks	Continue Phase I exercises - Begin active assisted exercises - Deltoid/rotator cuff isometrics @ 8 weeks Begin resistive exercises for scapular stabilizers, biceps, triceps, and rotator cuff
Phase III Weeks 12-16 PT 2-3x/ week HEP daily	Full AROM	Gradual return to full AROM	None	Advance Phase II exercises - Emphasize ER and latissimus eccentrics - Glenohumeral stabilization Begin muscle endurance activities (upper body ergometer) Cycling/ running as tolerated at 12 weeks
Phase IV 4-6 months PT 1x/ week HEP daily	Maintain ROM and flexibility	Full & pain-free	None	Aggressive scapular stabilization and eccentric strengthening Scapular perturbation Begin plyometric and throwing/ racquet program Continue with endurance activities
Phase V 6-8 months HEP daily		Full & pain-free	None	Progress Phase IV activities Return to full activity as tolerated

AMENDMENTS TO PROTOCOL FOR CONCOMITANT PROCEDURES

- DISTAL CLAVICLE EXCISION:** Weeks 0-8: no cross-body adduction, abduction >90°, or rotation in 90°.
- BICEPS TENODESIS:** Weeks 0-4: no active elbow flexion. → Weeks 4-8: begin biceps isometrics. → Weeks 8+: begin biceps resistance training.