

Superior Capsule Reconstruction Protocol

Name _____ Date _____

Procedure _____

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Frequency 1 2 3 4 5 times/week Duration 1 2 3 4 5 6 weeks

Weeks 0-6:

- Flexion and extension of elbow, wrist and digits only (see below if biceps tenodesis performed)
- NO shoulder ROM x 6 weeks; no pendulums
- Patient to remain in post op sling for 8 weeks
- No active IR x 4 months

***** If biceps tenodesis also performed, NO active elbow flexion x 4 weeks and NO elbow resistance x 3 months post op**

Weeks 6-16:

- Begin passive ROM
 - Table slides
 - Progress to overhead ROM with pulleys
- Begin passive ER to 30 degrees, NO IR until 4 months
- Grip strengthening
- Heat before therapy, ice after therapy, soft tissue mobs and modalities
- Encourage HEP
- Begin scapular stabilization exercises
- May begin light elbow resistance at week 12

Months 4-12:

- Begin active overhead ROM and advance to full ROM as tolerated
- Begin IR
- Strengthening with therabands

- Advance to strengthening as tolerated, isometrics → bands → light weights (1-5#); 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers

Comments:

Teach HEP _____

Modalities PRN

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature _____ **Date** _____