POST-OPERATIVE PROTOCOL · SUPERIOR CAPSULAR RECONSTRUCTION · PAGE 1 OF 2

# SUPERIOR CAPSULAR RECONSTRUCTION

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| IMMOBILIZER | PROM | AAROM / AROM | CUFF STRENGTH | RETURN |
|---|---|---|---|---|
| **6 WEEKS** | **WEEK 2** | **WEEK 6** | **WEEKS 8–9** | **MONTHS 6–8** |
| Abduction pillow | Begins | Begins | Begins in neutral | All activities |

**GRAFT PROTECTION** | The immobilizer with abduction pillow is worn **at all times, including sleeping**, until it is discontinued at 6 weeks. Strengthening is deliberately reduced at **weeks 12–16** to protect the graft during re-vascularization.

## DAYS 1–14

PROTECT

- Immobilizer with abduction pillow — **even while sleeping**; place pillow under shoulder / arm while sleeping for comfort
- Hand squeezing exercises
- Elbow and wrist active motion with the shoulder in neutral
- Supported pendulum exercises
- Shoulder shrugs / scapular retractions without resistance
- Stationary bike (must wear immobilizer)
- Ice pack

GOALS

- Pain control
- Protection of graft and surgical sites
- Maintenance of wrist / elbow range of motion and grip strength

## WEEKS 2–3

BEGIN PROM

- Begin PROM
- Pendulums
- Table slides

GOALS

- PROM: flexion to 90° · abduction to 90° · ER to 30°

## WEEKS 3–6

ISOMETRICS

- Discontinue sling at 6 weeks
- Continue appropriate previous exercises
- Begin isometrics of the shoulder at 4–6 weeks
- Pendulum exercises

GOALS

- PROM: flexion to 130° · abduction to 90°

## WEEKS 6–9

BEGIN ACTIVE MOTION

- Continue appropriate previous exercises
- Begin AAROM / AROM around 6 weeks
  - AAROM flexion and abduction >90° (pulleys, supine wand)
  - ER as tolerated (wand doorway stretch)
- Standing rows with Theraband · Theraband IR / ER
- Prone scapular retraction exercises without weights
- Biceps and triceps exercises without weight
- Stairmaster · treadmill walking progression · pool walking / running

GOALS

- AAROM flexion and abduction to 150°
- PROM: flexion to 160–170° · ER to 60° · abduction to 90°

## WEEKS 9–12

BEGIN CUFF STRENGTH

- Begin strengthening the rotator cuff in neutral around 8–9 weeks
  - Without resistance
  - Side-lying ER
- Continue appropriate exercises
- Seated row with light weight
- Body Blade at side
- Ball on wall (arcs, alphabet)
- Ball toss with arm at side using a light ball
- Elliptical

GOALS

- AAROM and AROM through functional range without pain



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# REHABILITATION PROTOCOL



## WEEKS 12–16

RE-VASCULARIZATION

- Light or un-resisted rotator cuff exercises
- Push-up on wall
- Maintain AAROM / AROM
- **Protect the graft during re-vascularization** — decreased strengthening exercises

## MONTHS 4–6

ADD RESISTANCE

- Begin increasing resistance on Theraband exercises as tolerated
- Push-up progression (table to chair)
- Light plyometric exercises
- Body Blade with abduction
- Functional AROM; normal rotator cuff strength

## MONTHS 6–8

RETURN TO ACTIVITY

- Weight training with light resistance
- Regular push-ups
- Sit-ups
- Running progression to track
- Transition to home / gym program

## DISCHARGE GOALS

- Return to all activities
- Range of motion
  - Elevation: 115–180°
  - External rotation: 23–57°
  - Internal rotation to L1
- Strength
  - Abduction: 5- or greater
  - External rotation: 5- or greater
  - Internal rotation: 5 or greater

Arthroscopic Superior Capsular Reconstruction rehabilitation protocol, Vanderbilt Orthopaedic Sports Medicine.



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