

Superior Capsular Reconstruction

Physical Therapy Protocol

Keys to a Successful Outcome

- Pain > 3/10 = Hold progression
- Do not push ROM exercises too hard early in therapy as to not disrupt the repair
- If a distal clavicle resection is performed, restrict horizontal adduction until 8 weeks
- If a biceps tenodesis is performed, avoid eccentric loads on biceps until 6 weeks

Phase	Brace	ROM Goals	WB	Exercises
Weeks 0-4	Wear at all times (day and night)	Weeks 0-2: No ROM; Weeks 2-4: PROM; limit: Flex 90°, Ext 20°, ER 45°, Abd 45°, ABER 45°	NWB	Weeks 0-2: Elbow/wrist ROM, grip strength/pendulums; Weeks 2-6: PROM to ER to 45°; Codman's, posterior cap mobilizations; closed chain scapular ex
Weeks 6-12	Wear brace until 6 wks, d/c after that	Begin A/AAROM; Advance to Flex 140°, Abd 135°, ABER 90°, ABIR 45°**	NWB	Deltoid/RTC isometrics, scap stabilizers, bi/triceps, and RTC
Weeks 12-16	None	Progress to full AROM	PWB	ER and lat eccentrics, GH stabilization, muscle endurance
Months 4-6	None	FAROM	PWB	Scapular and eccentric strengthening, begin plyometrics
Months 6-8	None	FAROM	WBAT	HEP, progress slowly ADLs, endurance exercises, no "heavy" lifting

Patient Instructions

- It takes one year for the allograft tissue to heal to the bone, and lifting too much or stretching too aggressively before that time can disrupt the repair.

General Time Frames for ADLs

- Driving: When vehicle can be operated safely, typically 6-8 wks
- Cycling/running: 12 wks
- Light household and wait-level work: 10-16 wks
- Golf: putting (8-10 wks), chipping (14-16 wks), irons (20-22 weeks), full (6-8 mo)
- Lifetime restrictions: No heavy overhead work, avoid contact sports