

Patient name:

Date of Surgery:

Surgery performed:

**Tyler McGregor D.O.**  
**General Ortho and Sports Medicine**  
**South Bend Orthopaedics**  
**Postoperative Arthroscopic Superior Capsular  
Reconstruction (SCR) - Rehabilitation Protocol**

This is a general guideline. Certain patients may require extra attention to certain areas of their body or portions of the protocol. Always listen to your therapist; a protocol never replaces their good clinical judgement. Do not attempt to increase weight, perform a new exercise, or increase your range of motion without their direction.

**1st POST-OP Visit – 10-14 days after surgery**

1. Wound Check – Suture Removal
2. Patient Education
  - **NO active motion until 6 weeks post-op**
  - Sling/Immobilizer
  - Icing at least 3 times/day for 20 minutes each or vascultherm more frequently
  - **A subscapularis repair with SCR mandates no forceful passive external rotation**
3. Exercises – It is recommended to perform these exercises own your own, at least 3 time a day. Formal therapy session should be attended weekly during this phase to ensure proper mechanics and guidance.
  - o Closed chain Pendulums/Codman (**begin Day 5**)
  - o Clockwise, counterclockwise, side-to-side, front & back
  - Non-weight bearing AROM exercises at elbow and wrist
    - o elbow flexion/extension
    - o wrist flexion/extension and pronation/supination
    - o gripping exercises
    - o prone and standing scapular clocks
      - protraction, retraction, elevation, depression
  - No canes or Pulleys
4. Modalities - PRN

**Approximately 5 WEEKS POST-OP**

1. Therapy may begin at this time, focusing only on passive motion for the first week with the assistance of a therapist.
2. Range of Motion – True Passive Range of Motion only to Patient Tolerance

- Eventual Goals: Forward flexion 140°, 60-80° Abduction without rotation. Limit Internal Rotation to 40° with shoulder 60-80° Abducted.
  - 40° External Rotation with arm at side.
    - o Unless a subscapularis repair was performed as noted above. Then this should be restricted until 6 weeks postop to well within patient tolerance.
  - Maintain elbow at or anterior to mid-axillary line when patient is supine.
3. Exercises
- As above plus the addition of other passive modalities as instructed by therapist

### **6 WEEKS POST-OP – 2<sup>nd</sup> postoperative visit**

1. Discontinue sling
2. Exercises
  - Begin active and active assist range of motion
  - Passive range of motion in external rotation increased gradually if subscapularis repair
  - **NO BICEPS strengthening until 8 weeks postop is tenodesis performed**
3. Grade I/II glenohumeral joint mobilizations - as indicated
4. Modalities - PRN
5. Ice

### **12 WEEKS POST-OP – 3<sup>rd</sup> postoperative visit**

1. Exercises
  - Initiate stepwise shoulder functional use of arm/weight bearing/mild strengthening exercises as permitted by range of motion
    - o BodyBlade
    - o Plyoball – circles, squares, diagonals
    - o Theraband
  - Ad lib elbow/wrist/hand strengthening
2. Glenohumeral joint mobilization - as indicated
3. Modalities - PRN
4. Ice

**Return to sport and heavy labor jobs may require 6 months of physical therapy with gradual return of function. You can expect to improve you range of motion and strength for up to 12 months after a rotator cuff repair. Rotation typically requires more time to reach maximal benefit.**