

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 on your own, at least 5 times a day.
 - Closed chain Pendulums/Codmans (**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 – 2nd 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 if biceps tenodesis is performed**

3. Grade I/II glenohumeral joint mobilizations - as indicated

4. Modalities - PRN

5. Ice

12 WEEKS POST-OP – 3rd 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

You can expect to improve you range of motion and strength for up to 12 months after a superior capsular reconstruction. Rotation typically requires more time to reach maximal benefit.

Intense labor with heavy lifting and repetitive overhead activity IS NOT recommended after this procedure.

Superior capsular reconstruction is performed to decrease pain and hopefully improve motion and daily function. Its ability to withstand heavy, repetitive lifting over the long term is unknown at this time. These motions may be limited by muscular endurance.