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Superior Capsular Reconstruction Rehab

Weeks 0-2:

- Patient to do Home Exercises given post-op (pendulums, elbow ROM, wrist ROM, grip strengthening)
- Patient to remain in sling for 6 weeks, including sleep!
- No other range of motion

Weeks 3-6:

- True PROM only! The rotator cuff tendon/dermal patch needs to heal back into the bone
- THE FIRST 4 WEEKS: Limit 90° flexion, 45° ER, 20° extension, 45° abduction, 45° ABER
- **No resisted motions of shoulder until 12 weeks post-op**
- Grip strengthening
- No canes/pulleys until 6 weeks post-op, because these are active-assist exercises
- Heat before PT, ice after PT

*****For subscapularis repair:** Codman's, posterior capsule mobilizations; avoid stretch of anterior capsule and shoulder extension; No ACTIVE INTERNAL ROTATION FOR 6 WEEKS!!

Weeks 6-12:

- ROM goals: 140° FF/40° ER at side; ABD max 60-80° without rotation BY 6-8 WEEKS
- Begin AAROM - AROM as tolerated
- Goals: Same as above, but can increase as tolerated
- Light passive stretching at end ranges
- Begin scapular exercises, PRE's for large muscle groups (pecs, lats, etc)
- At 8 weeks, can begin strengthening/resisted motions
- Isometrics with arm at side beginning at 8 weeks

Months 3-12:

- Advance to full ROM as tolerated with passive stretching at end ranges
- Advance strengthening as tolerated: isometrics - bands - light weights (1-5 lbs); 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers
- Only do strengthening 3x/week to avoid rotator cuff tendonitis
- Begin eccentrically resisted motions, plyometrics (ex. Weighted ball toss), proprioception (es. body blade)
- Begin sports related rehab at 4 ½ months, including advanced conditioning
- Return to throwing at 6 months
- Throw from pitcher's mound at 9 months
- Collision sports at 9 months
- MMI is usually at 12 months post-op