

Physical Therapy Protocol: Superior Capsular Reconstruction

Philosophy:

The superior capsular reconstruction (SCR) protocol is a soft tissue post-op program which allows shoulder patients to recover as safely as possible. The emphasis for these individuals is sling for 6 weeks, with progression to work/sport-specific activities as safely as possible. Our program begins with early flexibility and stretching, followed by a progression to strengthening and then shoulder function. These are mainly arthroscopic repairs and so they are progressed slower than open repairs to prevent the most common cause of failure (loss of fixation). An excellent result cannot be established without the patient following the therapist's instructions.

[If this is a Worker's Compensation patient who needs to return to a physically demanding job, a Brief Function Assessment (BFA) should be scheduled upon MD approval at post-op week 14-16. If the patient fails BFA, consider work hardening program.]

Phase I, surgery to 4 weeks

Appointments:

- Medical appointment at 5-14d with films
- Rehabilitation will begin as directed by your physician and as indicated on your rehabilitation order

Rehabilitation Goals:

- Protect the repaired shoulder
- Cryotherapy unit to the shoulder: twenty minutes every two hours to reduce swelling
- Distal extremity ROM
- Gentle PROM within restrictions

Precautions:

- Sling with supporting abduction pillow to be worn at all times except for hygiene/therapy
- No T-bar or pulleys during this phase
- IR limited to 40 with the shoulder at 60-80 abduction
- Maintain elbow at anterior or mid-axillary line when patient is supine

Range-of-Motion Exercises:

- Max FF to 140°, max ER to 40° with elbow at side, max abduction 80° without rotation

Suggested Therapeutic Exercises:

- Heat before, ice after PT
- Hand gripping
- Elbow, forearm and wrist ROM
- Postural exercises
- Codman's exercises/pendulums
- Scap stabilization isometrics

Cardiovascular Exercises (with sling on):

- Walking, Stairmaster, stationary bike

Progression Criteria:

- Negative impingement pain or shoulder apprehension

Phase II, (after Phase I criteria met, usually 4-8 weeks)

Appointments:

- MD appointment at 6 weeks
- Rehabilitation appointments every 5-7 days

Rehabilitation Goals:

- Protect the repaired shoulder
- Full discontinuation of sling at 6 weeks

Precautions:

- Delay aggressive AAROM until 6 weeks

Range-of-Motion Exercises:

- Max abduction to 90, ER in scapular plane to 60, ER at 90 abduction to 40
- Max IR in scapular plane to 60, IR at 90 abduction to 20

Suggested Therapeutic Exercises:

- PROM with phase I goals
- Gentle AAROM (supine position)
- Gentle joint mobilizations grade 1-2

Cardiovascular Exercises:

- Walking or stationary bike

Progression Criteria:

- Pain-free ROM within the ROM limits

Phase III,(after Phase II criteria met, usually 8-12 weeks)

Appointments:

- MD appointment at 12 weeks
- Rehabilitation appointments every 1-2 weeks

Rehabilitation Goals:

- Full shoulder and scapular ROM, all planes
- Muscle activation

Precautions:

- Limit OH activities
- Avoid sudden movements/lifting

Suggested Therapeutic Exercises:

- Restore PROM/AAROM/AROM with appropriate mechanics
- Sub-maximal shoulder isometrics, as tol
- Sub-maximal rhythmic stabilizations
- Gentle posterior capsular stretch
- UBE no resistance

Cardiovascular Exercises:

- Walking, Stairmaster, biking and jogging

Progression Criteria (12+ weeks):

- After 12 weeks, advance strengthening and endurance as tolerated
- Begin with light weight (1-5 lbs) for 8-12 reps and 2-3 sets for rotator cuff, deltoid and scapular stabilizers
- Rhythmic stabilization at greater angles of elevation
- Initiate CKC exercises with partial body weight (quadruped, wall push-ups), progress to full body weight by 18 weeks (plank holds, prone walkouts)
- OK to throwing/OH hitting at 6 months
- Throw from pitcher's mound at 9 months
- Return to sport is generally acceptable at 6 months after surgery, after clearance by surgeon and physical therapist/ATC

References:

- Azar FM, Beaty JH, Canale ST. *Campbell's Operative Orthopedics*; 2567-2629, 2017.
- Giangarra C, Manske R. *Clinical Orthopedic Rehabilitation: A Team Approach*;164-173, 2017.
- Maxey L, Magnusson J. *Rehabilitation for the Postsurgical Orthopedic Patient*;99-117, 2013.