

## **SUPERIOR CAPSULAR RECONSTRUCTION PROTOCOL**

### **Indications:**

Massive, irreparable rotator cuff tear without severe bone defect or arthritis  
Intact deltoid function, partial to full functioning subscapularis  
Intact nerve function (CN XI, axillary nerve)

### **Postop:**

#### **0-6 Weeks**

- Sling/swathe at all times
1. Pendulum exercises 3x/day minimum
  2. Ball squeezes with hand to facilitate circulation while in sling
  3. Accessory joint AROM (elbow, forearm, wrist) 3x/day minimum
  4. Cryocuff/ ice: Days 1-2 as much as possible, then post activity for pain

\* Maximum protection phase, ultimate goal is protecting the integrity of the repair

#### **6-8 Weeks**

- Sling/swathe at all times, except for exercises, bathing, or sitting quietly  
PROM limits: 90° abduction, 20° extension, 70° internal rotation (not behind back)
1. PROM within limits and pain tolerance
  2. Postural awareness education
    - a. Scapular retraction & depression to combat tightness of anterior shoulder musculature
  3. Gentle soft tissue mobilization and joint mobilization
  4. Modalities as indicated for pain or inflammation

#### **8-10 Weeks**

- Sling for comfort, but may be discontinued, No ROM limits
1. Initiate AAROM (wand and pulleys) unless specified by physician to progress more slowly
    - a. Use of slide board to assist AAROM into flexion, scaption
    - b. Ensure no shoulder hiking
  2. Joint mobilization for scapular and glenohumeral mobility
  3. Gentle soft tissue mobilization, modalities as indicated

#### **10-12 Weeks**

- No ROM limits
1. Initiate AROM, unless specified by physician to progress more slowly
    - a. Ensure no shoulder hiking
    - b. Focus on functional planes of motion
    - c. Begin in gravity-assisted/eliminated positions
  2. Soft tissue, joint mobilization for scapular and glenohumeral mobility
  3. Light shoulder isometrics in all planes, continue postural awareness training

\* Patient must be able to elevate without shoulder hiking

### 12-20+ Weeks

Resisted Strength Training Phase - CLEARED BY SURGEON

1. Ensure sufficient isometric contraction before initiating isotonic
2. Resisted strengthening should focus on low load, high repetitions
3. Do not perform any strengthening above shoulder level
4. Incorporate both open and closed-chain exercises
5. Ensure normal scapulohumeral rhythm is maintained

### 20-24+ Weeks

Advanced Strength Training Phase - CLEARED BY SURGEON

1. Initiate light/modified overhead strengthening
2. Advanced close-chain strengthening, functional movement patterns
3. Proprioception and light plyometric training
4. Sport-specific/recreational activity training
  - a. No overhead sport, heavy lifting
5. Work-hardening program
  - a. No heavy overhead lifting