



## SUPERIOR CAPSULAR RECONSTRUCTION/BRIDGING RECONSTRUCTION REHABILITATION PROTOCOL

	RANGE OF MOTION	IMMOBILIZER	EXERCISES
<b>PHASE I</b> 0-4 weeks	<b>0-4 weeks:</b> None  <b>4 weeks:</b> begin PROM  Limit 90° flexion, 45° ER, 20° extension, 45° abduction, 45° ABER	<b>0-4 weeks:</b> Immobilized at all times day and night  Off for hygiene and gentle home exercise according to instruction sheets  <b>4 weeks:</b> Worn daytime only	<b>0 weeks:</b> Elbow/wrist ROM, grip strengthening and pendulums at home only  <b>4 weeks:</b> Begin PROM to ER to 45°  Codman's, posterior capsule mobilizations; avoid stretch of anterior capsule and extension  Closed chain scapula
<b>PHASE II</b> 4-12 weeks*	Begin active/active- assisted ROM  Advance to 140° FE, 135° abduction, 90° ABER, 45° ABIR	None	Continue Phase I work; begin active- assisted exercises, deltoid/rotator cuff isometrics at 8 weeks  Begin resistive exercises for scapular stabilizers, biceps, triceps and rotator cuff**
<b>PHASE III</b> 12-16 weeks	Gradual return to full AROM	None	Advance activities in Phase II; emphasize external rotation and latissimus eccentrics, glenohumeral stabilization  Begin muscle endurance activities (upper body ergometer)  Cycling/running as tolerated at 12 weeks
<b>PHASE IV</b> 4- 6 months***	Full and pain-free	None	Aggressive scapular stabilization and eccentric strengthening; scapular perturbation  Begin plyometric and throwing/racquet program, continue with endurance activities  Maintain ROM and flexibility
<b>PHASE V</b> 6-8 months	Full and pain-free	None	Progress Phase IV activities, return to full activity as tolerated

\*If a distal clavicle excision is performed, horizontal adduction is restricted for 8 weeks post-op

\*\*If a biceps tenodesis is performed, avoid active flexion of biceps and eccentric loads on biceps for 6 weeks post-op

\*\*\*Limited return to sports activities during Phase IV if cleared by surgeon