



SUPERIOR CAPSULAR RECONSTRUCTION

PHYSICAL THERAPY PROTOCOL

Bryan M. Saltzman, M.D.

OrthoCarolina

Assistant Professor of Orthopaedic Surgery, Atrium Health

Sports Medicine & Shoulder/Elbow

1915 Randolph Rd, Charlotte, NC 28207

704-323-3000

www.BryanSaltzmanMD.com

Patient Name: _____ **Date of Surgery:** _____

___ Evaluate and Treat

___ Provide patient with home program

Frequency: _____x/week x _____weeks

	RANGE OF MOTION	IMMOBILIZER	EXERCISES
PHASE I	0-2 weeks: None 2-4 weeks: begin PROM	0-2 weeks: Immobilized at all times day and night Off for hygiene and gentle home exercise according to instruction sheets	0-2 weeks: Elbow/wrist ROM, grip strengthening and pendulums at home only 2-6 weeks: Begin PROM to ER to 45°
0-4 weeks	Limit 90° flexion, 45° ER, 20° extension, 45° abduction, 45° ABER	2-6 weeks: Worn daytime only	Codman's, posterior capsule mobilizations; avoid stretch of anterior capsule and extension Closed chain scapula



PHASE II 6-12 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**
PHASE III 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
PHASE IV 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
PHASE V 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

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient ___ would ___ would not benefit from social services.

_____ **Date:** _____

Bryan M. Saltzman, MD

