



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

SUPERIOR CAPSULAR RECONSTRUCTION

PHYSICAL THERAPY PROTOCOL

Bryan M. Saltzman, M.D.

Chief, Division of Sports Medicine & Shoulder/Elbow Surgery

Indiana University Health Physicians

Assistant Professor of Orthopaedic Surgery, Indiana University

Sports Medicine, Cartilage Restoration, Shoulder/Elbow Surgery

IU Health Methodist Medical Plaza North (MSK) – 201 Pennsylvania Pkwy #100,
Carmel, IN 46280

IU Health Methodist Hospital – 1801 N Senate Ave, Indianapolis, IN 46202
317-944-9400

www.bryansaltzmanmd.com

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

___ **Evaluate and Treat**

___ **Provide patient with home program**

Frequency: _____ x/week x _____ weeks **beginning 6 weeks after surgery**

WEEKS 0–6: Period of protection → no therapy for the first 6 weeks

- **Sling with abduction pillow:** Must wear at all times except for hygiene



- **Range of Motion:** No shoulder ROM allowed; elbow/forearm/wrist/hand motion ONLY
- **Exercises:** pendulums and grip strengthening; NO shoulder strengthening or motion exercises permitted

THERAPY Phase I (Weeks 6 – 12 after surgery):

- **Sling with abduction pillow:** Discontinue
- **Range of Motion:** PROM only, including FF, ER, and ABD (within a comfortable range); No AROM/AAROM
- **Exercises:** continue pendulums; begin scapular exercises including elevation with shrugs, depression, retraction, and protraction; no resistance exercises before 3 months
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

THERAPY Phase II (Weeks 12 – 14 after surgery):

- **Range of Motion:** Progress PROM and begin AAROM ☺II progress slowly
 - Week 12-13: perform while supine
 - Week 13-14: perform while back is propped up 45°; then advance to upright position
 - Use unaffected arm, stick, or cane to move postoperative arm into FF, ER, and ABD
- **Therapeutic Exercises:** Progress Phase I exercises; no shoulder strengthening yet
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

THERAPY Phase III (Weeks 14 – 18 after surgery):

- **Range of Motion:** Begin to AROM in all planes ☺II progress slowly
- **Therapeutic Exercises:** Begin isometric exercises (use pillow or folded towel without moving the shoulder)
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

THERAPY Phase IV (Weeks 18 – 22 after surgery):

- **Range of Motion:** Progress to full, painless, AROM
- **Therapeutic Exercises:** Progress Phase III exercises, begin gentle resistance exercises, including resisted scapular strengthening, rotator cuff strengthening, and deltoid strengthening
 - ○ Resistance exercises should be done 3 days/week, with rest between sessions
 - ○ **Do not do full or empty-can exercises → these place too much stress on the rotator cuff**
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)



*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