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Superior Capsular Reconstruction Post Operative Rehabilitation Protocol (Page 1/2)

Following Surgery:

- Expect surgical bulky dressing for 3-5 days and arm immobilization sling to be worn at all times (even sleeping) for first 6 weeks.
- Use cryocuff or ice shoulder 3-5 times per day for 15 minute intervals until your next clinic visit.
- Maintain upright shoulder positioning at all times.
- May begin showering with a plastic bag covering the dressing at 3 days post op and seal with tape.
- Take your pain medicine as needed and as prescribed. Call if any problems or questions arise.
- May perform hand squeezing exercises, elbow and wrist active motion with shoulder in neutral position, shoulder shrugs/scapular retraction without resistance, stationary bike (with immobilizer).
- **GOALS:** pain control, protection of graft/surgical site, maintenance of wrist/elbow ROM, grip strength.

5 Days Post Op:

- May remove dressing but continue to wear arm sling.
- If wound is dry, ok to shower without cover.

10-14 Days Post Op:

- Sutures will be removed in the office.
- Gentle supported pendulum exercises and table slides.
- Remove immobilizer for elbow flexion and extension exercises 3-4 times/day.
- **GOALS:** PROM – flexion 90°, abduction to 90°, external rotation to 30°

4-6 Weeks Post Op:

- Follow up appointment in clinic with P.A. or Surgeon at 6 weeks.
- Return to activities of daily living.
- Begin isometric of the shoulder at 6 weeks.
- Pendulum exercises.
- **GOALS:** PROM – flexion to 130°, abduction to 90°.

6-9 Weeks Post Op:

- Continue appropriate previous exercises.
- Begin AAROM/AROM around 6 weeks. AAROM – flexion and abduction > 90° w/pulleys and supine wand, ER – as tolerated (wand doorway stretch).
- Theraband IR/ER, Bicep and triceps exercises without weights.
- Progressive cardio exercise, with stability emphasized.
- **GOALS:** AAROM – flexion and abduction to 150°. PROM - Flexion to 160-170°, external rotation to 60°, abduction to 90°.

**Please visit our website at www.akhanddoc.com for illustrations.*

Note: These instructions are to serve as guidelines and are subject to Physician discretion. Actual progress may be faster or slower depending on the individual.



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9-12 Weeks Post Op:

- Follow up appointment in clinic with P.A. or Surgeon 12 weeks.
- Begin strengthening rotator cuff in neutral around 8-9 weeks. No resistance, side-lying external rotation.
- Continue appropriate exercises.
- Seated row with light weights.
- **GOALS:** AAROM, AROM through functional range without pain.

12-16 Weeks Post Op:

- Light or un-resisted rotator cuff exercises.
- Push up on wall.
- **GOALS:** Maintain AAROM/AROM. Protect graft during re-vascularization (decreased strengthening exercises).

4-6 months Post Op:

- Begin increasing since on therapy and exercises as tolerated. Pushup progression - table to chair. Light plyometric exercises.
- **GOALS:** Functional AROM. Normal rotator cuff strength.

6-8 months Post Op:

- Weight training with light resistance. Regular pushups. Sit-ups.
- Transition to home/gym program..
- **GOALS:** Return to all activities.
- Range of motion: Elevation 115-180°, external rotation 23-57°, internal rotation to L1.
- Strength: Abduction 5 or greater, external rotation 5 or greater, internal rotation 5 or greater.

Precautions:

- Watch for signs of infection and call immediately if these signs develop:
 - Fever higher than 102°F, shortness of breath, or have nausea and vomiting that do not improve with anti-nausea meds.
 - Warmth, redness, and/or increased drainage coming from your incision site.
- Watch for signs of blood clots and go to the ER immediately if these signs develop:
 - Excessive increase in swelling, hardness, pain, or redness in forearm or calf.
- Do not elevate surgical arm above 90° (shoulder level) for the first 6 weeks.

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