

Superior Capsular Reconstruction Protocol

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Phase I (Post-op until week 6) Protective Phase

- Sling immobilization at all times initially; removed only for hygiene and instructed home exercises
- Elbow, wrist, and hand ROM; grip strengthening
- Pendulum exercises at home only
- PROM initiated between weeks 2–4 per tolerance
- Limit PROM to: flexion 90°, ER 45°, extension 20°, abduction 45°, ABER 45°
- Avoid anterior capsule stretch and shoulder extension
- Posterior capsule mobilizations as indicated
- Initiate closed-chain scapular stabilization exercises
- Control inflammation and pain

Phase II (Weeks 6–12) Early Motion and Strengthening Phase

- Discontinue sling use unless otherwise directed
- Begin active-assisted and active ROM progression
- Advance ROM goals toward: flexion 140°, abduction 135°, ABER 90°, ABIR 45°
- Continue Phase I exercises
- Initiate deltoid and rotator cuff isometrics at approximately 8 weeks
- Begin light resistive strengthening for scapular stabilizers, rotator cuff, biceps, and triceps as tolerated
- Maintain cardiovascular conditioning with walking or stationary bike

Phase III (Weeks 12–16) Strengthening Phase

- Progress toward full active ROM
- Advance strengthening program emphasizing external rotation control and latissimus eccentric strengthening
- Focus on glenohumeral and scapulothoracic stabilization
- Initiate muscular endurance training (upper body ergometer)
- Begin cycling or running as tolerated

Phase IV (Months 4–6) Advanced Strengthening Phase

- Full and pain-free ROM required
- Aggressive scapular stabilization and eccentric strengthening
- Scapular perturbation training
- Initiate plyometric program



- Begin throwing or racquet sport progression if cleared by surgeon
- Continue endurance training and maintain flexibility

Phase V (Months 6–8) Return to Activity Phase

- Progress advanced strengthening and functional training
- Return to full activity and sport as tolerated
- Progression based on pain-free motion, strength, endurance, and surgeon clearance

****Special Considerations:****

- If biceps tenodesis performed: avoid active biceps flexion with any resistance and eccentric biceps loading for 6 weeks post-op.

****Progression Criteria:**** Advancement through phases is criteria-based and individualized, dependent on pain control, restoration of motion, strength, neuromuscular control, patient compliance, and surgeon discretion.