

Shawn P. Hennigan, M.D.
2323 N. Casaloma Dr
Appleton, WI 54913
www.ShawnHenniganMD.com



Physical Therapy Prescription-Superior Capsular Reconstruction

Name: _____ Date: _____

Diagnosis: R / L superior capsular reconstruction DOS: _____

Weeks 0-6: Protective Period

Sling: ER sling at all times, except hygiene

Range of Motion: **NO** shoulder ROM. Elbow and grip as tolerated

Exercises: Pendulums for hygiene, grip strengthening. Scapular retractions

Weeks 6-12 PT Phase I

Sling: Discontinue ER pillow, may use sling outside of home

Range of Motion: P-AAROM only, including FF, ER, ABD.

Exercises: Add scapular protraction, depression. **NO Strengthening yet**

Modalities: per therapist

Weeks 12-14 PT Phase II

Range of Motion: progress slowly to AROM

- Weeks 12-13 perform while supine
- Weeks 13-14 perform at 45 degrees, then upright

Exercises: Progress Phase I. **NO Strengthening yet**

Modalities: per therapist

Weeks 14-18 PT Phase III

Range of Motion: Increase AROM in all planes

Exercises: Add isometric strengthening to Phase II

Modalities: per therapist

Weeks 18-24 PT Phase IV

Range of Motion: Progress to full, painless AROM in all planes

Exercises: Begin gentle resistance exercises for cuff and deltoid

- Strengthening sessions with 1 day rest in between
- **NO Full or empty can exercises**

Modalities: per therapist