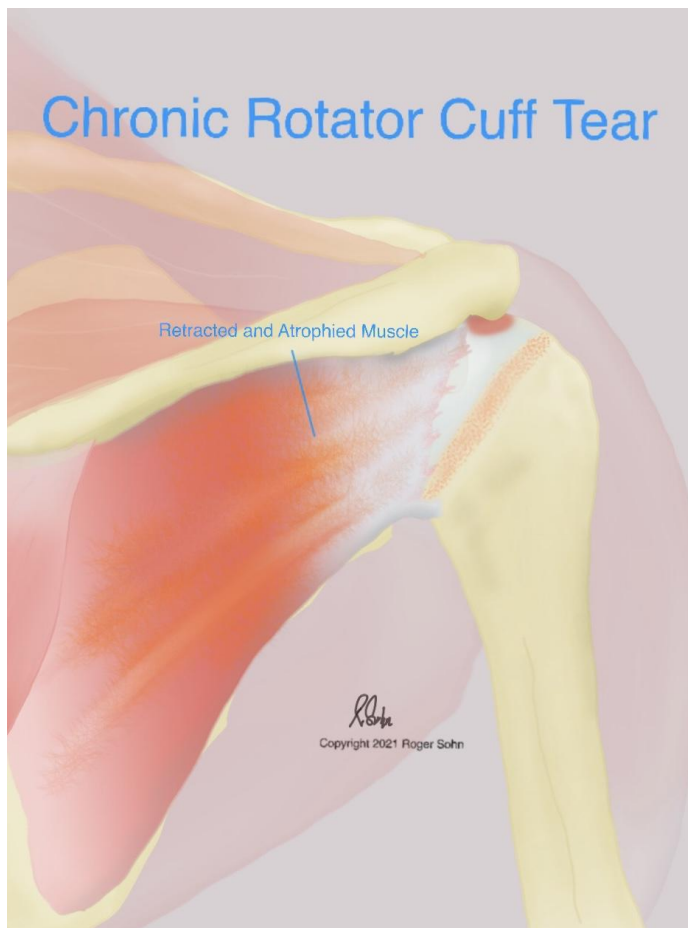


## SUPERIOR CAPSULE RECONSTRUCTION

The rotator cuff consists of 4 deep muscles of the shoulder. These comprise the supraspinatus, infraspinatus, teres minor, and subscapularis muscles. The tendons of these muscles are thin and can be prone to tears. These tears rarely, if ever heal on their own. Most people who have rotator cuff tears also have bicipital tendinitis which causes pain in the front of the shoulder.

When surgery is elected, it is usually performed in the outpatient setting. During the surgery, we use an arthroscope to look in the joint and we use small incisions to do the repair. While we are there, we usually fix the bicep tendon to the humerus to avoid irritation in the bicep groove. That's called a bicep tenodesis. In large tears, a full repair is not always possible and we often augment the repair with a patch of human dermal allograft tissue. This graft comes from a tissue bank. Tissue banks thoroughly screen and test grafts making the risk of disease transmission from the donor very low.



This guide is a summary of the postoperative protocol.

**It takes 12 weeks for the tissue to grow “roots” into the bone. These roots are called “Sharpey’s fibers”. Until those “roots” are mature, you should avoid any resistance exercises so the fibers are not disrupted.** However, you should be doing stretching exercises to regain your flexibility during that time. After 8 weeks, we let you start using your own power to raise the arm without resistance but we wait till the 12 week mark to start strengthening exercises. At the 4 month mark, we remove all restrictions. However, most people take about 6 months to regain most function. About 9-12 months after the surgery, most people report they do not think about the shoulder any more as they experience the maximum amount of function.

As we discussed, there are risks of the surgery. The risks include, but are not limited to infection, bleeding, damage to nearby structures such as nerves or arteries, stiffness, scar

tenderness, bicep deformity, failure to heal the tendon, anesthesia risks including death or disability due to any of the above. Sometimes, additional surgeries might be necessary and recovery could be unexpectedly prolonged if complications arise.

Preop Instructions: Please use the Duac gel for 3 days leading up to the surgery. Put it on the shoulder and armpit as well as the neck each morning after your shower. Let it dry, then put on your normal clothes. This will reduce the risk of infection.

Post-Operative Care: Superior Capsule Reconstruction

Activity: It is very important that you do not use your own power to move your arm for the first 6 weeks after surgery. You should not do any resistance exercises until after the 3 month mark. Ice and elevate the shoulder higher than your heart for 3-5 days after the surgery. You may have very little pain when you leave the recovery room, because numbing medicine is placed in the shoulder. It can wear off that night, so take some pain medication before going to bed. You will go home in a sling. The sling is for comfort and to warn others that you have a sore arm. You should take the sling off at least three times a day to do gentle pendulum exercises. Otherwise, it should be worn continuously for the first 4 weeks.

Wound Care:

We place strips of medical tape on your incisions. You can change the outer dressing on the third day after the surgery and shower. Leave the strips of tape in place. Keep a light dressing on until it is dry. Ice can be used for 2 hours on and 2 hours off, alternating. A cold therapy unit can be very helpful for reducing pain and the need for pain medication.

Signs of infection include redness, pain, fever, and feeling ill. All wounds have some swelling and drainage, but if you have concerns, please call the office.

Medications:

You will go home after surgery with the prescription pain medication to be used as directed. Once again, the early numbness will wear off so you might want to take a pain pill before bedtime that first night.

Typically, the first morning after surgery is the worst and the pain tapers off after that. After a shoulder surgery like this, most people take the narcotics for just a week or two. Please be careful with narcotics as they are highly addictive.

Please take Vitamin C 500mg every day to help with tendon healing.

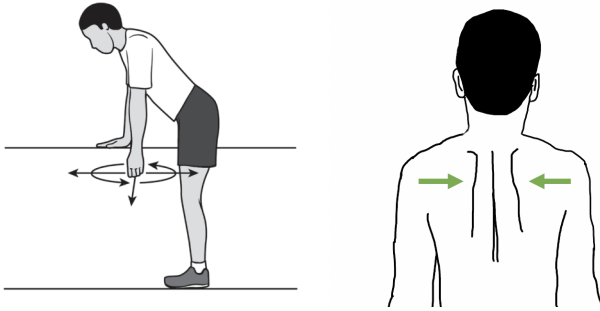
We look forward to being your partner on your recovery journey.

Sincerely,  
Roger C. Sohn, MD  
949-691-3131

## SUPERIOR CAPSULE RECONSTRUCTION PHYSICAL THERAPY PROTOCOL:

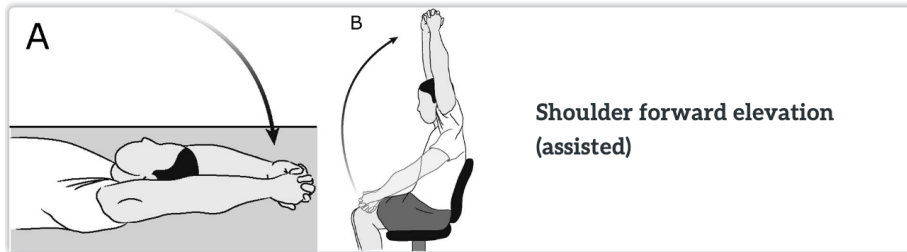
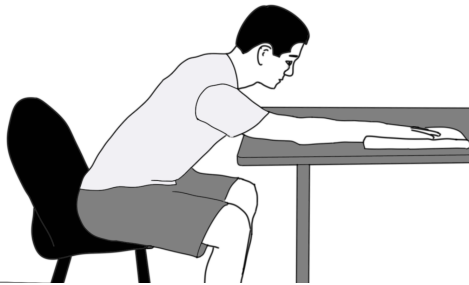
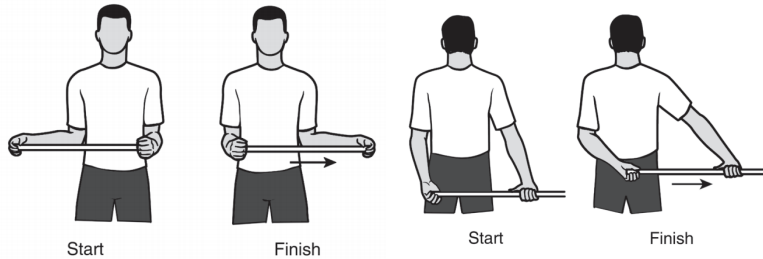
I ask my patients to follow a simplified physical therapy regimen. It consists of 3 phases.

**Phase I (Weeks 1-4):** Home exercise program. Physical therapy does not start formally. Bicep and rotator cuff precautions strictly observed. During this phase, no active exercises are allowed. A shoulder sling is to be used continuously for 4 weeks. It may be removed when seated, during bathing, and when doing pendulum exercises and scapular pinches.



**Phase II (Weeks 4-12):** The sling is discontinued. Bicep and rotator cuff precautions are phased out beginning at the 10th week. Active assisted range of motion is allowed without resistance. Supine and seated stretches with active assisted motion begins.

Goals of phase II: You should reach 45 degrees of external rotation, full forward flexion (155 degrees), and internal rotation to the waist line.



**Phase III (Weeks 13 and onward):** Strengthening is allowed in all directions. All precautions are now discontinued. Band strengthening and light weights are started. Return to sports training is allowed beginning week 16. Aggressive stretching is allowed, especially for internal rotation.

