



SCAPULAR THORACIC I GLENOHUMERAL FUSION PT PROTOCOL

Name: _____ Date: _____

Diagnosis: _____

Date of Surgery _____

Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 Weeks

Weeks 0-6:

- No PT!!
- Sling for 3 months
- Pendulum exercise, elbow and wrist range of motion, grip strengthening
- Physical modalities per PT discretion

Weeks 6-12:

- PROM – AAROM - AROM
- No strengthening for 3 months (fusion takes place in 8-12 weeks)

Months 3-12:

- Advance ROM as tolerated
- ST Fusion - up to 110 degrees of forward elevation
- GH Fusion - up to 90 degrees of forward elevation
- Begin strengthening program, isometrics > therabands > weights. Increase as tolerated for deltoids, and upper extremities, etc.

Comments:

Functional Capacity Evaluation Work Hardening/Work Conditioning Teach HEP

Modalities:

Electric Stimulation Ultrasound Iontophoresis Phonophoresis
 TENS Heat before/after Ice before/after Trigger points massage
 Therapist's discretion
 Other _____

Signature: _____ Date: _____