



Brian Waterman, MD

SPORTS MEDICINE & ORTHOPEDICS

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 > TheraBand's > 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: _____