Scapulothoracic/ Glenohumeral Fusion Protocol

Name: _____ Date: _____

Diagnosis: _____

_____

Date of Surgery: _____ Frequency: _____ times per week | Duration: _____ weeks

Weeks 0-6:

» No physical therapy
» Sling for 6 weeks
» Patient to do home exercises given post-op (pendulums, elbow ROM, wrist ROM, grip strengthening)

Weeks 6-12:

» PROM → AAROM → AROM
» No strengthening for 3 months

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
» Advance strengthening as tolerated: isometrics → bands → light weights (1-5 lbs); 8-12 reps/2-3 set per exercise for rotator cuff, deltoid, and scapular stabilizers

Additional:

☐ Teach HEP ☐ Work Hardening/Work Conditioning ☐ Functional Capacity Evaluation

Modalities:

☐ Ice or cryotherapy before/after ☐ Heat before/after ☐ Electric Stimulation ☐ TENS ☐ Ultrasound

☐ Trigger points massage ☐ Dry needling ☐ Therapist's discretion

Signature: _____ Date: _____