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**Scapulothoracic / Glenohumeral Fusion Physical Therapy Protocol/Prescription**

Name \_\_\_\_\_

Diagnosis s/p RIGHT/LEFT SCAPULOTHORACIC / GLENOHUMERAL Fusion

Date of Surgery \_\_\_\_\_

Frequency: \_\_\_\_\_ times/week      Duration: \_\_\_\_\_ 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° of forward elevation  
 GH Fusion - up to 90° 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       Ice after      \_\_\_\_\_ Trigger points massage       Therapist's discretion

Signature \_\_\_\_\_ Date \_\_\_\_\_