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# Physical Therapy Prescription – Anterior Glenoid Reconstruction

Name:	Date:
Diagnosis: R / L Anterior Glenoid Reconstruction	Date of Surgery:
Frequency: 2-3 times per week for weeks	

## Phase I (Weeks 0-6):

- Sling with abduction pillow: Continue for a total of 6 weeks; remove only for hygiene
- Range of Motion: PROM only for first 6 weeks, to patient tolerance
  - Weeks 0-4: Goals of FF 140°, ER 25° in 30° of ABD, ABD 60-80°; limit IR to 45° in 30° of ABD
  - Weeks 4-6: increase PROM to tolerance, increase ER to 45° in 30° of ABD
- Exercises:
  - Weeks 0-4: pendulums, grip strengthening, isometric scapular stabilization; elbow/wrist/hand ROM
  - Weeks 4-6: begin gentle joint mobilizations; limit ER to passive 45°
  - o No active IR or extension; no canes or pulleys
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

#### Phase II (Weeks 6 - 12):

- Sling: Discontinue (unless in crowd or in slippery environment)
- Range of Motion: increase PROM as tolerated, begin AAROM/AROM
- Exercises:
  - Weeks 6-8: begin light cuff/deltoid/biceps isometrics
  - Weeks 8-12: begin light resisted ER, FF, ABD, and IR exercises; begin extension and scapular retraction exercises
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

### Phase III (Months 3 – 6):

- Range of Motion: Full without discomfort
- Exercises: continue Phase II, advance as tolerated, include closed chain scapular rehabilitation and functional rotator cuff strengthening; focus on anterior deltoid and teres
  - Month 4: advance strengthening as tolerated from isometrics to therabands to light weights;
     emphasize low-weight, high rep exercises
- Consider return to sport at 20-24 weeks pending surgeon approval

Signature:	Date: