

## 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°
  - 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: \_\_\_\_\_