



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

GLENOID OPEN REDUCTION INTERNAL FIXATION (ORIF)

PHYSICAL THERAPY PROTOCOL

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Patient Name: _____ **Date of Surgery:** _____

___ **Evaluate and Treat**

___ **Provide patient with home program**

Frequency: _____ x/week x _____ weeks

	RANGE OF MOTION	IMMOBILIZER	EXERCISES
PHASE I	Limit ER to passive 45° to protect subscap repair	0-2 weeks: Worn at all times (day and night)	0-3 weeks: Grip strengthening, pendulum exercises
0-6	FE progress as tolerated		Elbow/wrist/hand ROM at home 3-



weeks		Off for gentle exercise only 2-6 weeks: Worn daytime only	6 weeks: Begin cuff, deltoid isometrics; limit ER to passive 45° No active IR nor extension until 6 weeks
PHASE II 6-12 weeks	Increase as tolerated to full Begin active assisted/active internal rotation and extension as tolerated after 6 weeks	None	6-8 weeks: Begin light resisted ER, forward flexion and abduction 8-12 weeks: Begin resisted internal rotation, extension and scapular retraction
PHASE III 12-24 weeks	Progress to full motion without discomfort	None	Advance strengthening as tolerated Closed chain scapular rehab and functional rotator cuff strengthening; focus on anterior deltoid and teres Maximize subscapular stabilization

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient __ would __ would not benefit from social services.

_____ **Date:** _____

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