



# GLENOID OPEN REDUCTION INTERNAL FIXATION (ORIF) Physical Therapy Protocol

Patient Name: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

\_\_\_\_\_ Evaluate and Treat

\_\_\_\_\_ Provide patient with home exercise program

Frequency: \_\_\_\_\_ x/week x \_\_\_\_\_ weeks

## \_\_\_\_\_ Phase I (0-6 weeks):

### • ROM:

- Limit ER to passive 45° to protect subscap repair.
- FE progress as tolerated.

### • Immobilizer:

- **0-2 weeks:** Worn at all times (day and night).
- Off for gentle exercise only.
- **2-6 weeks:** Worn daytime only.

### • Exercises:

- **0-3 weeks:** Grip strengthening, pendulum exercises.
- Elbow/wrist/hand ROM at home **3-6 weeks:** Begin cuff, deltoid isometrics; limit ER to passive 45°.
- No active IR nor extension until 6 weeks.

## \_\_\_\_\_ Phase II (6-12 weeks):

### • ROM:

- Increase as tolerated to full .
- Begin active assisted/active internal rotation and extension as tolerated after 6 weeks.

### • Immobilizer:

- None.

### • Exercises:

- **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):**

- **ROM:**
  - Progress to full motion without discomfort.
- **Immobilizer:**
  - None.
- **Exercises:**
  - 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.

Physician Name: \_\_\_\_\_ Date: \_\_\_\_\_