Rachel M. Frank, MD

Department of Orthopedic Surgery -Sports Medicine University of Colorado School of Medicine www.RachelFrankMD.com



Physical Therapy Prescription – Anterior Glenoid Reconstruction

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

Phase I (Weeks 0-6):

- Sling with abduction pillow: Continue for a total of 6 weeks
 - o Remove only for hygiene
- Range of Motion: PROM only for first 6 weeks, to patient tolerance
 - o 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