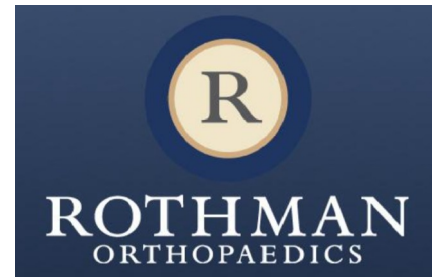


Brandon J. Erickson, MD
Mackenzie Lindeman, ATC
176 3rd Ave New York, NY
658 White Plains Rd Tarrytown, NY
450 Mamaroneck Rd Harrison, NY
Phone: 914-580-9624
Brandon.erickson@rothmanortho.com
Mackenzie.lindeman@rothmanortho.com
<https://rothmanortho.com/physicians/brandon-j-erickson-md>



Scapulothoracic / Glenohumeral Fusion Physical Therapy Protocol

Name _____ Date _____

Diagnosis s/p RIGHT/LEFT SCAPULOTHORACIC / GLENOHUMERAL Fusion

Date of Surgery _____

Frequency: _____ times/week Duration: _____ Weeks

_____ Weeks 0-6:

No PT!!

Sling for 3 months

Pendulum exercise, elbow and wrist range of motion, grip strengthening

Physical modalities per PT discretion

_____ Weeks 6-12:

PROM > AAROM > AROM

No strengthening for 3 months (fusion takes place in 8-12 weeks)

_____ Months 3-12:

Advance ROM as tolerated

ST Fusion - up to 110° of forward elevation

GH Fusion - up to 90° of forward elevation

Begin strengthening program, isometrics > therabands > weights. Increase as tolerated for deltoids, and upper extremities, etc.

Comments:

_____ Functional Capacity Evaluation _____ Work Hardening/Work Conditioning _____ Teach HEP

Modalities

_____ Electric Stimulation _____ Ultrasound _____ Iontophoresis _____ Phonophoresis _____ TENS

_____ Heat before _____ Ice after _____ Trigger points massage _____ Therapist's discretion

Signature _____ Date _____