



# Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

## GLENOID OPEN REDUCTION INTERNAL FIXATION (ORIF)

### PHYSICAL THERAPY PROTOCOL

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[www.bryansaltzmanmd.com](http://www.bryansaltzmanmd.com)

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

\_\_\_ **Evaluate and Treat**                      \_\_\_ **Provide patient with home program**

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

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



		<b>2-6 weeks:</b> Worn daytime only	isometrics; limit ER to passive 45° No active IR nor extension until 6 weeks
<b>PHASE II</b> 6-12 weeks	Increase as tolerated to full Begin active assisted/active internal rotation and extension as tolerated after 6 weeks	None	<b>6-8 weeks:</b> Begin light resisted ER, forward flexion and abduction <b>8-12 weeks:</b> Begin resisted internal rotation, extension and scapular retraction
<b>PHASE III</b> 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:** \_\_\_\_\_

**Bryan M. Saltzman, MD**