



Dx: ☐ Right ☐ Left

Patient Name: _____

Date of Surgery: _____

PT/OT: Evaluate and treat. Follow the following protocol.

Signature/Date: _____

Unstable Proximal Humerus Rehab Protocol

Active finger, hand, wrist, and elbow exercises are encouraged. By 3 weeks, active assisted range-of motion and pendulum exercises may be initiated under the supervision of a physical therapist. Delay of motion has deleterious effects on shoulder range of motion, pain, and function. By 6 weeks, light resistance shoulder exercises may be performed. Due to the variability of the fracture stability, check for treatment specifications and precautions ordered by your surgeon.

Goal: Maintain ROM without displacing the proximal humerus fracture.

Phase I (0 to 21 days)

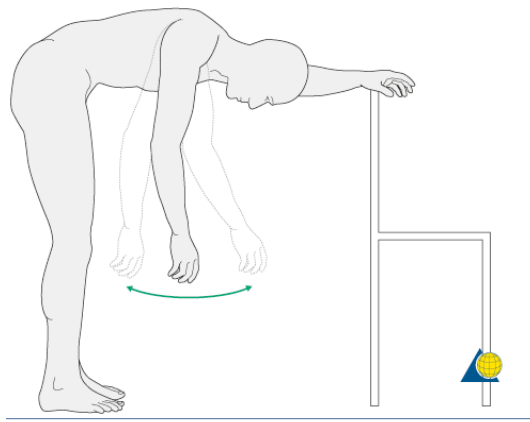
- Begin elbow, wrist and hand active ROM.
- A sling with/without an axillary pad should be used when not doing physical therapy.
- After 14 days, begin pendulum exercises (clockwise and counterclockwise).

Phase II (3 to 6 weeks)

- Begin supine ER with a cane. Fifteen to 20 degrees of abduction are permitted if the patient is more comfortable.
- Begin active assisted forward elevation (FE).
- Perform pulley exercises and teach for home program.
- Perform isometric exercises for IR, ER, extension, and abduction.
- Establish a home exercise program so patient is performing exercises 3-5 times per day for 30 min. each session.

Phase III (7 weeks to 2 months)

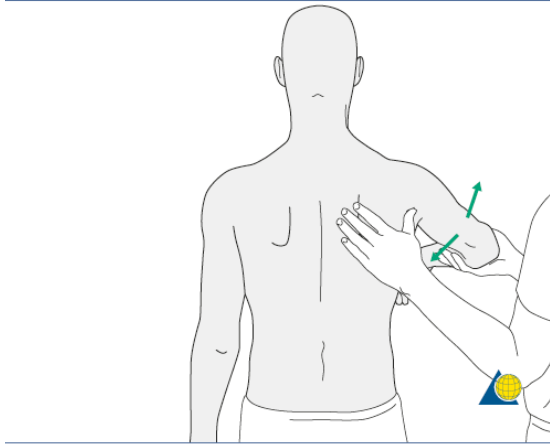
- Begin supine active FE. Progressively increase patients position from supine to erect during FE exercises.
- Use Therabands of progressive strengths for IR, ER, anterior, middle and posterior deltoid.
- Begin flexibility and stretching exercises to progressively increase ROM in all positions (i.e. towel behind back, finger walking up the wall, etc.).



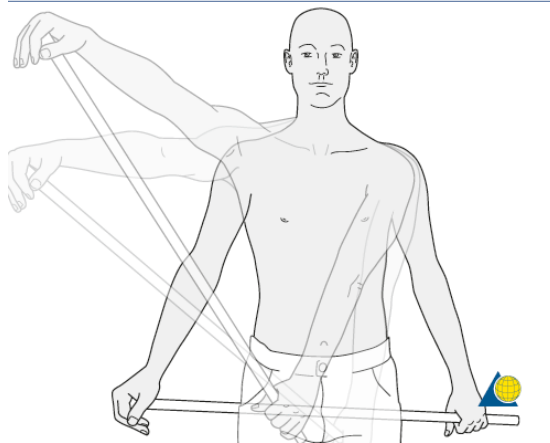
As soon as pain permits, pendulum exercises (as illustrated) should begin. Active hand and forearm use should also be encouraged.

Isometric exercises can begin as soon as tolerated for the shoulder girdle including scapular stabilizers, and the upper extremity.

X-rays should be checked to rule out secondary fracture displacement.

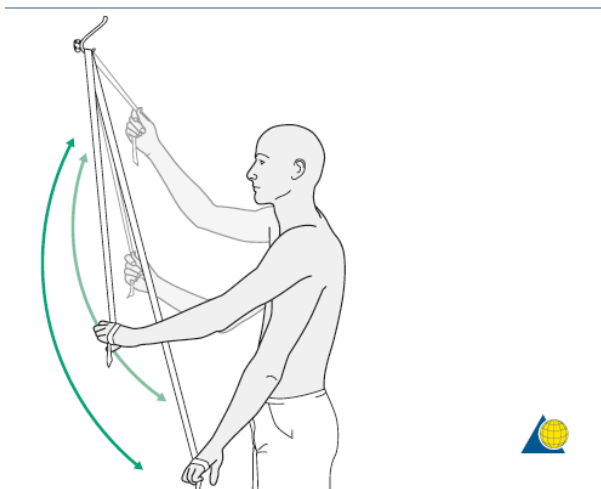


As comfort and mobility permit, and fracture consolidation is likely, the patient should begin active assisted motion. Physical therapy instructions and/or supervision are provided as desired and available.



A "shoulder therapy set" might be helpful. Typically included devices are:

1) An **exercise bar**, which lets the patient use the uninjured left shoulder to passively move the affected right side.



2) A **rope and pulley assembly**. With the pulley placed above the patient, the unaffected left arm can be used to provide full passive forward flexion of the injured right shoulder.