



Dx:  Right  Left

Patient Name: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

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

Signature/Date: \_\_\_\_\_

## Stable Proximal Humerus Rehab Protocol

The vast majority of proximal humerus fractures are minimally displaced or angulated and do not require surgical intervention. Early protection with gradual mobilization is the guiding principle with non-displaced injuries. Sling is generally used for 7 to 10 days with or without an axillary pad for comfort. Active finger, hand, wrist, and elbow exercises are encouraged. By 2 weeks, active assisted range-of motion and pendulum exercises may be initiated under the supervision of a physical therapist. Delay of motion beyond 2 weeks 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 range of motion (ROM) without displacing the proximal humerus fracture.

### Phase I (0 – 21 days)

- Begin elbow, wrist and hand active ROM.
- A sling with/without axillary pad should be used when not doing physical therapy.
- Begin pendulum exercises (clockwise and counterclockwise) after 7 days.
- After 14 days, begin supine ER with a cane. 15 to 20 degrees of abduction are permitted if the patient is more comfortable.
- Establish a home exercise program so patient is performing exercises 3-5 times per day for 30 min. each session.

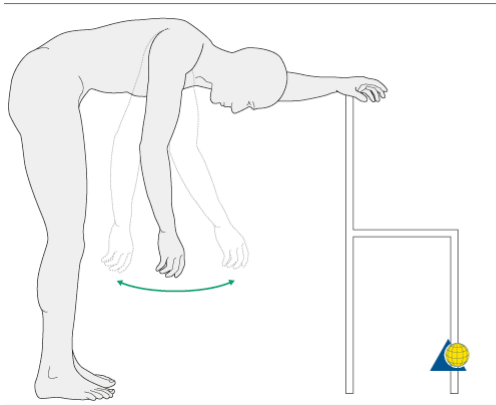
### Phase II (3 - 6 weeks)

- Begin assisted forward elevation (FE).
- Perform pulley exercises and teach for home program.
- Perform isometric exercises for IR, ER, extension, and abduction.

### Phase III (7 weeks – 2 months)

- Begin supine active FE.
- Progressively increase patient's position from supine to erect during FE exercises.
- Use thera-bands of progressive strengths for IR, ER, flexion, abduction, and extension. Goal is progressive strengthening of deltoid and rotator cuff.
- Begin flexibility and stretching exercises to progressively increase ROM in all directions.

**Mobilization: 2-3 weeks posttrauma**

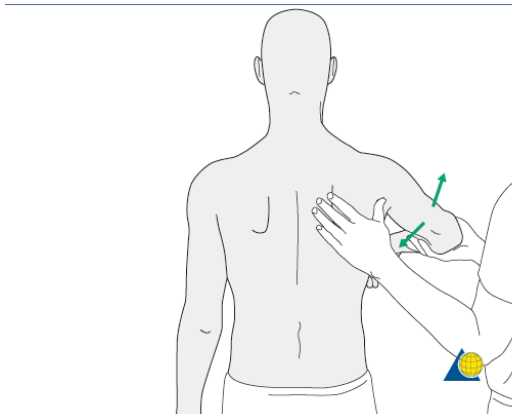


As soon as pain permits, pendulum exercises (as illustrated) should begin. Active hand and forearm use should also be encouraged.

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

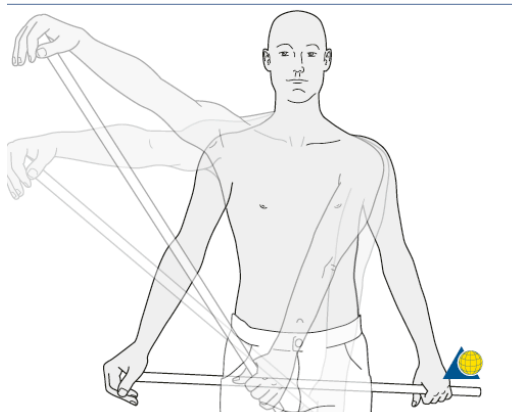
X-rays should be checked to rule out secondary fracture displacement.

**Active assisted exercises: 3-6 weeks postoperative**



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.

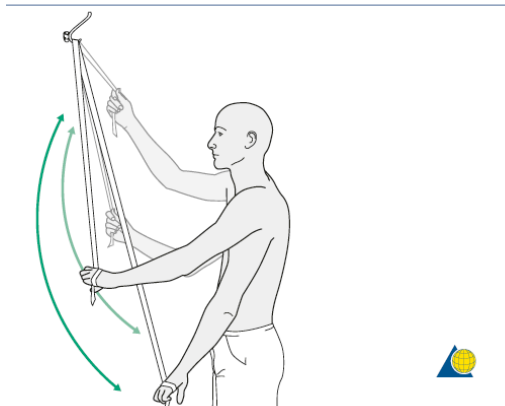
**Shoulder therapy set: 3-6 weeks postoperative**



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.

**Shoulder therapy set: 3-6 weeks postoperative**



- 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.