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Proximal Humerus Fracture Rehabilitation Protocol

(non-operative management)

Most proximal humerus fractures can be managed without surgery. Time is required to allow the fracture to heal and prevent displacement of the fragments. Early or aggressive ROM (even passive) can jeopardize this and is thus delayed. Following a proximal humerus fracture, whether managed with or without surgery, shoulder ROM will always be less than a native, natural shoulder with 130 deg forward elevation, 30 deg internal/external rotation being considered an excellent outcome.

- **Weeks: 0-12**
  - Goals: allow early healing, prevent fracture displacement, decrease swelling/inflammation
  - Sling for 6 weeks, per physician's instructions
  - No passive, active-assist, or active shoulder ROM for the first 6 weeks
  - At 6 weeks, begin passive ROM only as tolerated, not to exceed 90 deg forward elevation and abduction, 30 degrees internal rotation, 30 degrees internal rotation; still no active-assist or active ROM
  - No lifting greater than glass of water, cup of coffee; okay for phone, keyboard, etc.
  - Begin pendulum/Codman's exercise, postural correction exercises for trunk/upper extremity immediately
  - Start active ROM for ipsilateral elbow, wrist, hand, digits
  - Modalities as needed for muscle stimulation, pain control, swelling control
- **Weeks 12-24**
  - Goals: increase ROM and prevent stiffness
  - Begin active-assist and active ROM in all planes – note ROM will never be the same as native shoulder joint
  - Begin pulley use
  - Seated table slide for flexion or supine assisted shoulder flexion okay beginning week 12
  - Advance weight bearing per physician's instructions, usually 5-10 pound limit
  - Begin rotator cuff strengthening exercises when ROM allows
  - Emphasize importance of home exercise program
- **Weeks 24+**
  - Goals: increase strength, return to function and ADLs
  - Advance light resistance/strengthening exercises of the shoulder/upper extremity when ROM is amendable to doing so; avoid excessive heavy lifting (>20-25 pounds)
  - Continue progressive resistance exercises at light weight, high repetition
  - Emphasize rotator cuff and periscapular strengthening
  - Neuromuscular and proprioceptive training
  - Work on improving functional/ADL tasks as needed, return to work tasks as needed
  - Functional/work-specific/sport strengthening and training, if applicable
  - Customized HEP to continue once PT/OT is completed

Physical therapy protocols, post-operative instructions, and other information can all be accessed at any time at *www.frantzorthopedics.com*