



Proximal Humerus Fracture Non-Op Rehabilitation Protocol

Prescription

- PT / OT 1 - 2 times per week x 16 weeks, starting week 4 after injury
- Ordering physician – Erick Marigi, MD (NPI: 1801393509)

Key Principles in Rehabilitation

1. Rehabilitation activities should not ever create a feeling of motion at the fracture site; any pain with rehab activities should be less than 3/10 and transient with resolution within one hour of such activity
2. Full passive ROM should be restored in all planes prior to starting the active assisted to active progression
3. Full active motion with good mechanics should be restored prior to strengthening exercises

Week 0 - 4: Early Passive Motion

- Remain in sling at all times other than personal hygiene until cleared by MD to discontinue sling use
- Emphasize pain and swelling control, icing program, 3 to 5 times a day, 40 minutes each after exercises
- No active motion or active use of the arm
- FULL PROM / AAROM / AROM of elbow / wrist / hand

Week 4 - 8: PHASE 1

- Therapist to introduce Pendulum / Codman exercises
- If the patient has no pain and is less apprehensive may begin gentle shoulder PROM in FE and ER
 - PAIN-FREE Passive elevation - max to 140°; ER max to 40° with arm at neutral
 - Avoid hook and rotate exercise and cross body adduction (hug yourself)
 - Provide pulley for home use
- May begin aquatics for Basic UE program with slow speed of motions
- FULL PROM / AAROM / AROM of elbow/wrist/hand
- Teach HEP (3-5 x/day for 5 minutes each time)

Week 8 - 12: PHASE 2

- Avoid weight bearing on the affected arm and lifting more than 5 lbs
- Progress shoulder ROM to Active Assisted ROM in all planes (FE, ER, IR)
- PAIN-FREE Passive range of motion without range limits for elevation → Initiate Active assisted ROM
 - FE progression: supine AAROM, active, to incline, to vertical supported, to vertical unsupported
 - ER / IR AROM against gravity when full passive range is established
- Once full AAROM is reached → Progress to AROM in all planes
- Initiate scapular protraction and retraction exercises
- Teach HEP (3-5 x/day for 5 minutes each time)

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process. Each patient's progress may vary based on specifics to their injury and procedure.



Week 12+: PHASE 3

- Continue stretching to end range as tolerated in all planes until full motion is achieved
- Begin strength progression with light band / hand weight resistance for all major upper extremity muscles, including rotator cuff and scapular stabilizers
- 10 lb lifting restriction → Once safe and painless 10 lb lifts → Progress to 20 lbs → Advance to WBAT
- Begin functional progression as needed specific to sport and work demands
- Teach HEP (3-5 x/day for 5 minutes each time)

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