

## **Isolated Greater Tuberosity Fracture Non-Op Rehabilitation Protocol**

### **Prescription**

- PT/OT 1 - 2 times per week x 16 weeks, starting week 3 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 – 3: Early Passive Motion**

- Always remain in sling other than personal hygiene until formally cleared by MD to discontinue the sling
- Emphasize pain and swelling control, Icing program, 3 to 5 times a day, 40 minutes each after exercises
- FULL PROM / AAROM / AROM of elbow / wrist / hand
- No shoulder motion for first 10 days. Subsequently from 10 days to 3 weeks if the patient has no pain and is less apprehensive may initiate gentle shoulder PROM
  - Therapist to instruct patient in Pendulum / Codman exercises

### **Week 3 – 6: PHASE 1**

- Wean sling as comfort allows
- FULL PROM / AAROM / AROM of elbow / wrist / hand
- Therapist to introduce Pendulum / Codman exercises and periscapular strengthening if not started yet
- Begin to progress shoulder ROM beginning with PROM → Active assisted ROM in all planes
  - Limit AAROM of ER to 30 degrees for the first 6 weeks
- Teach HEP: Table Slides, Passive ROM (3-5 times per day x 5 minutes each time)

### **Week 6 – 12: PHASE 2**

- **No driving until patient has normal use of the arm.**
- AAROM of shoulder in all planes → Once full AAROM is reached → Progress to AROM in all planes
- Isometric strengthening exercises can begin in this time period once active ROM adequate
- Full Scapular stabilizer program.
- Biceps curls (10 lb. limit)
- Teach HEP (3-5 x / day for 5 minutes each time)

### **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

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 of their injury and procedure.

