

## Post Operative Rehabilitation Protocol Following Non-displaced Proximal Humerus Fracture

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Goal:** Maintain range of motion (ROM) without displacing the proximal humerus fracture.

- Due to variable stability of the fracture, check for specifications and precautions ordered by the orthopedist.

### Phase I (0 – 21 days)

- Begin elbow, wrist and hand active ROM.
- A sling and swath, or Velpeau with and axillary pad should be used when not doing physical therapy.
- Begin pendulum exercises (clockwise and counterclockwise).
- After 7 days, begin supine ER with a cane. Fifteen 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 therabands 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.

Comments:

Frequency: \_\_\_\_\_ times per week      Duration: \_\_\_\_\_ weeks

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