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PHYSICAL THERAPY PROTOCOL
EARLY MOTION - PROXIMAL HUMERUS FRACTURE

PROCEDURE		**Date of Surgery/Injury:** _____ **R L** [ ] ORIF Proximal Humerus Fracture [ ] Proximal Humerus Fracture – Non-operative Treatment	
PLAN		**Physical Therapy for R L Shoulder** 1-2x Per Week x 16 Weeks	
GENERAL GUIDELINES		**Goal:** Regain full pain-free ROM and strength of shoulder and prevent elbow and wrist stiffness. Please read and follow guidelines below. Progression is both criteria-based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression. Concomitant injuries may alter the guidelines. Follow physician's modifications as prescribed	
	RANGE OF MOTION	**IMMOBILIZER**	**EXERCISES**
PHASE I **0-5 weeks**	▪ **Week 1**: Early Passive Motion - supine Flexion to 90°, and ER (very gentle) ▪ **Week 2**: Codman, ER (30) ▪ **Week 3-5**: begin AAROM when pain diminishes and pt is less apprehensive. ROM: ER to 45°, extension to 20°, Begin Isometrics, Slide board	**0-2 weeks:** ▪ Immobilized at all times day and night ▪ Off for hygiene, resting in chair and gentle exercise only **3-4 weeks:** ▪ Wean immobilizer to sleep and walking around outside only ▪ Can discontinue while walking around home	▪ **Week 1-3:** elbow/wrist ROM, grip strengthening at home, early passive ROM ▪ **Week 2:** Begin Codman exercise, ER with stick to 30° (support elbow with folded towel shoulder in 15° ABD) Scapular Stabilization: clocks, retraction (no shoulder extension) ▪ **Week 3-5:** AAROM flexion to 140° if clinical stable, cane flexion, pulley flexion, UBE (no resistance), ○ Begin submaximal isometrics ER, flexion (week 4-5), begin flexion and ABD on table slides to, posterior capsule mobilizations; avoid stretch of anterior capsule and extension; closed chain scapula
PHASE II **6-12 weeks**	▪ Begin AROM, Full PROM	▪ None	**Week 6-8**: Begin AROM, progressive flexion (supine, seated, standing) ▪ Begin Extension and IR (PROM, AROM, Isometrics) ▪ Begin Multi-angle Isometrics

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	▪ **Goals:** Full extension rotation, 135° flexion, 120° abduction		▪ Begin gentle patient self-stretch **Week 8-10**: Early Resisted ROM, Begin resistive exercises for scapular stabilizers, biceps, triceps and rotator cuff* Theraband, ▪ Upper body ergometer (UBE) - add weights only when pain-free
PHASE III **12-16 weeks**	▪ Gradual return to full AROM	▪ None	▪ Advance activities in Phase II; emphasize external rotation and latissimus eccentrics, glenohumeral stabilization ▪ Aggressive scapular stabilization and eccentric strengthening ▪ Cycling/running okay at 12 weeks or sooner if given specific clearance
PHASE IV **4-5 months**	▪ Full and pain-free	▪ None	▪ Maintain ROM and flexibility ▪ Progress Phase III activities, return to full activity as tolerated