

Hospital for Special Surgery  
HSS-Main Campus  
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**PHYSICAL THERAPY PROTOCOL  
EARLY MOTION - PROXIMAL HUMERUS FRACTURE**

<b>PROCEDURE</b>		Date of Surgery/Injury: _____ R L <input type="checkbox"/> ORIF Proximal Humerus Fracture <input type="checkbox"/> Proximal Humerus Fracture – Non-operative Treatment	
<b>PLAN</b>		Physical Therapy for R L Shoulder 1-2x Per Week x 16 Weeks	
<b>GENERAL GUIDELINES</b>		<p><b>Goal:</b> 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. 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</p>	
	<b>RANGE OF MOTION</b>	<b>IMMOBILIZER</b>	<b>EXERCISES</b>
<b>PHASE I 0-5 weeks</b>	<ul style="list-style-type: none"> <li>▪ <b>Week 1:</b> Early Passive Motion - supine Flexion to 90°, and ER (very gentle)</li> <li>▪ <b>Week 2:</b> Codman, ER (30)</li> <li>▪ <b>Week 3-5:</b> begin AAROM when pain diminishes and pt is less apprehensive. ROM: ER to 45°, extension to 20°,</li> </ul>	<p><b>0-4 weeks:</b></p> <ul style="list-style-type: none"> <li>▪ Immobilized at all times day and night</li> <li>▪ Off for hygiene, resting in chair and gentle exercise only</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Week 1-3:</b> elbow/wrist ROM, grip strengthening at home, early passive ROM</li> <li>▪ <b>Week 2:</b> Begin Codman exercise, ER with stick to 30° (support elbow with folded towel shoulder in 15° ABD) Scapular Stabilization: clocks, retraction (no shoulder extension)</li> <li>▪ <b>Week 3-5:</b> AAROM flexion to 140° if clinical stable, cane flexion, pulley flexion, UBE (no resistance), <ul style="list-style-type: none"> <li>○ Begin submaximal isometrics ER, flexion (week 4-5), begin flexion and ABD on table slides to, posterior capsule</li> </ul> </li> </ul>

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	Begin Isometrics, Slide board		mobilizations; avoid stretch of anterior capsule and extension; closed chain scapula
<b>PHASE II</b> <b>6-12 weeks</b>	<ul style="list-style-type: none"> <li>▪ Begin AROM, Full PROM</li> <li>▪ <b>Goals:</b> Full extension rotation, 135° flexion, 120° abduction</li> </ul>	<p><b>Week 6-8:</b> Begin AROM, progressive flexion (supine, seated, standing)</p> <ul style="list-style-type: none"> <li>▪ Begin Extension and IR (PROM, AROM, Isometrics)</li> <li>▪ Begin Multi-angle Isometrics</li> <li>▪ Begin gentle patient self-stretch</li> </ul> <p><b>Week 8-10:</b> Early Resisted ROM, Begin resistive exercises for scapular stabilizers, biceps, triceps and rotator cuff* Theraband,</p> <ul style="list-style-type: none"> <li>▪ Upper body ergometer (UBE) - add weights only when pain-free</li> </ul>	
<b>PHASE III</b> <b>12-16 weeks</b>	<ul style="list-style-type: none"> <li>▪ Gradual return to full AROM</li> </ul>	<ul style="list-style-type: none"> <li>▪ Advance activities in Phase II; emphasize external rotation and latissimus eccentrics, glenohumeral stabilization</li> <li>▪ Aggressive scapular stabilization and eccentric strengthening</li> <li>▪ Cycling/running okay at 12 weeks or sooner if given specific clearance</li> </ul>	
<b>PHASE IV</b> <b>4-5 months</b>	<ul style="list-style-type: none"> <li>▪ Full and pain-free</li> </ul>	<ul style="list-style-type: none"> <li>▪ Maintain ROM and flexibility</li> <li>▪ Progress Phase III activities, return to full activity as tolerated</li> </ul>	