

Prisma Health
 Blue Ridge Orthopaedics-Easley
 309 E. 1st Ave
 Easley, SC 29640
 P: 864-850-2663
 F: 864-306-0012



Dr. Gabriella Ode
 Sports Medicine and Shoulder Surgery
www.GOsportsmed.com

Prisma Health
 Blue Ridge Orthopaedics- Powdersville
 11402 Anderson Road
 Greenville, SC 29611
 P: 864-631-2799
 F: 864-522-1245

**PHYSICAL THERAPY PROTOCOL
 EARLY MOTION - PROXIMAL HUMERUS FRACTURE**

PROCEDURE		Date of Surgery/Injury: _____ R L <input type="checkbox"/> ORIF Proximal Humerus Fracture <input type="checkbox"/> Proximal Humerus Fracture – Non-operative Treatment	
PLAN		Physical Therapy for R L Shoulder 1-2x Per Week x 16 Weeks	
GENERAL GUIDELINES		<p>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. Phases and time frames are designed to give the clinician a general sense of progression. Concomitant injuries may alter the guidelines.</p> <p>Follow physician's modifications as prescribed</p>	
	RANGE OF MOTION	IMMOBILIZER	EXERCISES
PHASE I 0-5 weeks	<ul style="list-style-type: none"> ▪ Week 1: Early Passive Motion ▪ Week 2: Codman, ER ▪ Week 3-5: begin AAROM when pain diminishes and pt is less apprehensive. ROM: external rotation to 45°, extension to 20°, Begin Isometrics, Slide board 	<p>0-4 weeks:</p> <ul style="list-style-type: none"> ▪ Immobilized at all times day and night ▪ Off for hygiene and gentle exercise only 	<ul style="list-style-type: none"> ▪ Week 1: elbow/wrist ROM, grip strengthening at home PROM: supine Flexion to 90°, and ER (very gentle) ▪ 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, 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

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PHASE II 6-12 weeks	<ul style="list-style-type: none"> ▪ Begin AROM, Full PROM ▪ Goals: Full extension rotation, 135° flexion, 120° abduction 	<ul style="list-style-type: none"> ▪ None 	<ul style="list-style-type: none"> ▪ Week 6-8: Begin AROM, progressive flexion (supine, seated, standing) ▪ Begin Extension and IR (PROM, AROM, Isometrics) ▪ Begin Multi-angle Isometrics, ▪ Week 8-10: Early Resisted ROM, Begin resistive exercises for scapular stabilizers, biceps, triceps and rotator cuff* Theraband, ▪ UBE (no resistance), add weights only when pain-free ▪ Begin gentle patient self-stretch ▪ Begin muscle endurance activities (upper body ergometer)
PHASE III 12-16 weeks	<ul style="list-style-type: none"> ▪ Gradual return to full AROM 	<ul style="list-style-type: none"> ▪ None 	<ul style="list-style-type: 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	<ul style="list-style-type: none"> ▪ Full and pain-free 	<ul style="list-style-type: none"> ▪ None 	<ul style="list-style-type: none"> ▪ Maintain ROM and flexibility ▪ Progress Phase III activities, return to full activity as tolerated