LAKESHORE
BONE & JOINT INSTITUTE
ORTHOPEDIC EXCELLENCE. KEEPING YOU IN MOTION.

Neel P. Jain, MD
Orthopedic Surgery
Sports Medicine
Direct Line (219) 250 - 5038
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Non Surgical Proximal Humerus Fracture Protocol

Name _____ **Date** _____

Procedure _____

Procedure Date _____

Frequency 1 2 3 4 5 times/week **Duration** 1 2 3 4 5 6 weeks

Weeks 1-2: (passive phase)

- Sling should be positioned with arm beside body (not in front of chest)
- Begin gentle PROM of the elbow and hand
- HEP 3-4x daily
- Heat before PT/ modalities as needed
- Pendulum exercises **ONLY**
- Consider sleeping in recliner (or more upright position) with arm at side for first 4-6 weeks

Weeks 3-6:

- PROM- progress gentle ROM as shoulder pain allows
- Wand supine ER
- Hold cross-body adduction until 6 weeks
- Begin isometrics

Weeks 6-8: (active phase)
PROGRESSION IS X RAY DEPENDENT PER MD

- DC sling
- Progress to AROM
- Increase AROM 160° FF/ Full ER at side/ 160° ABD/ IR behind back to waist
- Progress to therabands – rotator cuff and scapular strengthening

Weeks 8-12:

- If ROM lacking, increase to full with gentle passive stretching at end ranges
- At 10 weeks: Advance strengthening as tolerated: light weights (1-5 lbs); 8-12 reps/2-3 set per rotator cuff, deltoid, and scapular stabilizers
- Functional activities for strength gain

Comments:

Teach HEP_____

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Modalities PRN

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature_____ **Date** _____