



Dr. Scott Ritterman, MD

Diagnosis: _____

DOI/DOS: _____

PT/OT to treat according to protocol

Stable Proximal Humerus Rehab Protocol

The majority of proximal humerus fractures do not require surgical intervention. For fractures treated without surgery, shoulder motion should be initiated two weeks after injury. For fractures treated with surgery, shoulder motion should be initiated two weeks after surgery. Early protection with gradual mobilization is the guiding principle with these injuries. Sling is generally used for 14 days with or without an axillary pad for comfort. Active finger, hand, wrist, and elbow exercises are encouraged during this time. By 2 weeks, passive range-of motion and pendulum exercises may be initiated under the supervision of a physical therapist. Active-assist range of motion below the shoulder level may also be initiated. Delay of motion beyond 2 weeks has deleterious effects on shoulder range of motion, pain, and function. By 6 weeks, light resistance shoulder exercises may be performed. Due to the variability of the fracture stability, check for treatment specifications and precautions ordered by your surgeon.

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

Phase I (0 - 21 days)

- **Begin elbow, wrist and hand active ROM.**
- **A sling with/without axillary pad should be used when not doing physical therapy.**
- **Begin pendulum exercises (clockwise and counterclockwise) after 10-14 days.**
- **After 14 days begin supine passive ER with a cane. 15 to 20 degrees of abduction are permitted if the patient is 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 thera-bands of progressive strengths for IR, ER, flexion, abduction, and extension. Goal is progressive strengthening of the rotator cuff and other muscles. Please use caution when initiating strengthening and delay if patient is not ready.**
- **Begin flexibility and stretching exercises to progressively increase ROM in all directions.**

Scott A. Ritterman, MD
www.ScottRittermanMD.com
610-792-9292

119 E. Uwchlan Ave. Exton, PA 19341
1561 Medical Dr. Pottstown, PA 19464
213 Reeceville Rd., Suite 14, Coatesville, PA 19320