



LANCASTER ORTHOPEDIC GROUP

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Proximal Humerus Fracture – Nonoperative Management Physical Therapy Instructions

Rehabilitation Precautions:

- The first goal of rehabilitation is to ensure fracture healing in acceptable alignment.
- Emphasis should be maintained on frequency and consistency of the exercises, rather than intensity of the individual exercises. At the completion of the program, the exercises should be done forever as a maintenance regimen.
- Home therapy should be instructed, with transition to home therapy when appropriate.

Phase I: Fracture healing, pain relief (0-2 weeks)

While there is inherent stability to most proximal humerus fractures, the first two weeks following fracture are focused on decreasing pain and ensuring fracture healing.

- Pain modalities as indicated
- Sling immobilization of the shoulder when not doing exercises
- Elbow/wrist/hand exercises

Phase II: Continued fracture healing, begin restoration of ROM (2-6 weeks)

- Discontinue sling entirely
- Begin formal physical therapy
 - Pendulum exercises
 - Continue elbow/wrist/hand exercises
- Continue pain modalities as indicated
- Continue elbow, forearm, hand range of motion



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Phase III: Restore ROM (6-12 weeks)

- Continue formal PT - begin AROM, AAROM in all planes as tolerated
 - Scapular stabilizers to promote scapular retraction.
 - Emphasis on overhead motion
- Initiate JPL Exercises Phase I. Transition to Phases II and III as comfort allows.
- Continue pain modalities as indicated
- Continue elbow, forearm, hand range of motion
- Begin Activities of daily living, no lifting heavier than a fork/knife/toothbrush

Phase IV: Strengthen Shoulder (>12 weeks)

- Continue patient directed passive ROM and active ROM exercises
- Initiate gentle **rotator cuff strengthening** (Therabands). A band should be chosen that allows fatigue, but not pain, between 10 and 20 repetitions. When 20 repetitions are completed without any fatigue or pain, patient may progress to the next band
 - Internal rotation strengthening
 - External rotation strengthening
 - Anterior deltoid strengthening
 - Posterior deltoid strengthening
 - Lateral deltoid strengthening
- Continue scapular stabilizer strengthening.
- Avoid strengthening in positions of impingement.
- Functional activities as tolerated

Phase V: Maintenance

- Once daily, the patient should do a set of:
 - Patient directed passive ROM JPL Exercises
 - Rotator cuff strengthening exercises