



UNSTABLE PROXIMAL HUMERUS FRACTURE REHAB PROTOCOL

Introduction

- This protocol is for patients with displaced proximal humerus fractures that don't require surgical repair (i.e. 2 part and some 3 part fractures) but are initially too unstable to begin immediate ROM.
- **Goal:** Maintain ROM without displacing the proximal humerus fracture.
- Due to variable stability of the fracture, check for specifications and precautions ordered by the orthopedist.

Phase I (0 to 21 days)

- Begin elbow, wrist and hand active ROM.
- A sling and swath, or Velveau with an axillary pad should be used when not doing physical therapy.
- After 14 days, begin pendulum exercises (clockwise and counterclockwise).
- Establish a home exercise program so patient is performing exercises 3-5 times per day for 10 minutes each session.

Phase II (3 to 6 weeks)

- Begin supine ER with a cane. Fifteen to 20 degrees of abduction are permitted if the patient is more comfortable.
- Begin active 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 to 2 months)

- Begin supine active FE. Progressively increase patients position from supine to erect during FE exercises.
- Use Therabands of progressive strengths for IR, ER, anterior, middle and posterior deltoid.

- Begin flexibility and stretching exercises to progressively increase ROM in all positions (i.e. towel behind back, finger walking up the wall, etc.).

A handwritten signature in purple ink, appearing to read "J. K. Lowry, MD". The signature is stylized and cursive.

Jason K. Lowry, MD