

Proximal Humerus Fracture

Physical Therapy Protocol

Keys to a Successful Outcome

- Pain > 4/10 = Hold progression
- Tuberosity healing must occur before active force is applied by the attached rotator cuff tendon or displacement of the fracture fragment can occur
- Do not stress end range motions between 0-6 weeks

Phase	Brace	ROM Goals	WB	Exercises
Weeks 0-3	Worn at all times	Operative: gentle PROM Non-Operative: No shoulder motion	NWB	Elbow/wrist/hand ROM, grip strength
Weeks 3-6	Use when needed	PROM	NWB	Supine passive FF, gentle ER to neutral, pendulum okay if comfortable
Weeks 6-12	Discontinue	AAROM > AROM as tolerated; PROM Goals: FF 120°, ER 50°, IR 50°, Active FF 100°	PWB (1-5 lbs)	AAROM pulleys, sub-max isometrics in neutral, scapular strengthening, assisted horizontal adduction
Weeks 12-16	None	Progress AROM/PROM; AROM goals: FF 130° (scapular plane supine), ER 55°, IR 60°	PWB (5-15 lbs)	Initiate assisted IR behind back stretch, resisted IR/ER in scapular plane, begin supine active elevation strengthening (i.e. Therabands)
Months 4-6	None	Progressive AROM	Gradual WBAT	Gradually progress strengthening, return to light recreational hobbies
Months 6-12	None	FAROM	WBAT	Avoid loading shoulder at extreme ROM, progress with strengthening activities as tolerated.

Patient Instructions

- This fracture is one of the most painful. Go "slow and easy." Pushing too hard could result in worsening pain and inflammatory symptoms.
- Do not be in a hurry. Motion will slowly improve over many months and could take up to a year to plateau.
- Typical time frames: Driving: 4-8 wks, desk/light return to work: 4-12 wks

