

NONOPERATIVE PROXIMAL HUMERUS REHAB PROTOCOL
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Rehabilitation considerations:

- Usually non operative care is selected for those patients who are medically unfit for surgery or have a minimally to nondisplaced fracture.
- Depending on the severity of the fracture the best outcome may be 100 degrees of forward flexion, 90 degrees of abduction and 40 degrees of external rotation.

Outpatient Phase 1: (weeks 1-6)

- **Range of Motion**
 - cervical , elbow and wrist range of motion
- **Strengthening**
 - No rotator cuff strengthening
 - Begin and instruct in program of postural correction
 - May begin scapular retraction and depression
 - Grip strengthening
- **SLING**
 - Arm in sling at **ALL** times except bathing and exercises
 - Includes sling at night
- **Other**
 - Continue cryotherapy
 - Modalities to decrease pain and inflammation

Outpatient Phase 2: (weeks 6-9)

- **Range of Motion**
 - Instruct in home program and begin self-assisted forward elevation to 90 degrees and progress in 20 degree increments per week
 - May use pulleys
 - Instruct in home program and begin self-assisted External Rotation with progressive return to full in 20 degree increments per week
 - Internal Rotation in scapular plane as tolerated
 - NO Internal Rotation behind back
 - Grade I-II scapulothoracic and glenohumeral mobilizations
 - NOTES: Aquatic Therapy program is okay provided the limitation of no active internal rotation and external rotation are kept to 40 degrees.
- **Strength**
 - No rotator cuff strengthening
 - Continue scapular retraction and depression
 - Lower extremity aerobic conditioning
- **Sling**
 - May discontinue use of the sling at 6 week mark
- **Other**
 - Continue modalities as needed to decrease pain and inflammation
 - Continue cryotherapy as needed

Outpatient Phase 3: (weeks 9-12)

- **Range of Motion**
 - Progressive return of full forward elevation and external rotation
 - May begin posterior capsular stretching program
 - May begin Internal Rotation behind back
 - Grade III-IV glenohumeral and scapulothoracic mobilizations
 - Begin anterior chest wall stretches (pec minor)

- **Strength**

- Instruct in Home program and begin submaximal isometrics in flexion, abduction, IR, ER and extension
- Add progressive isotonics with low resistance, high repetitions as tolerated
- Progressive tow hand supine
- Emphasize upper trapezius, serratus anterior force couple rehabilitation to create stable scapular base
- Assess for and correct compensatory movement patterns
- UBE with low resistance
- Continue lower extremity aerobic conditioning

Outpatient Phase 4: (> week 12)

- **Range of Motion**

- Progressive return to full motion in all planes
- Emphasize posterior capsule stretching
- Maintenance home flexibility program

- **Strength**

- Continue rotator cuff and scapular strengthening program
 - Progressive increase in resistance as strength improves
- Continue UBE with progressive resistance as tolerated
- Maintenance home exercise program
- Recreation/vocation specific rehabilitation
- Maintenance aerobic conditioning program