

Physical Therapy Prescription Proximal Humerus Fracture

Patient Name:

Today's Date:

Surgery Date:

Dx: s/p (LEFT / RIGHT) Proximal Humerus Fracture

1-6 WEEKS POST-OP:

- Passive range of motion of the shoulder:
 - Pendulum exercises
 - Passive Supine Elevation in Scapular plane using the opposite hand
 - Passive ER to 40°
- Can begin Active-Assisted ROM in pool (water depth up to shoulder to remove gravity)
- Modalities, Cryocuff / Ice, prn
- Hand, Wrist, Elbow, PRE's
- Side-lying Scapular stabilization exercises

6-8 WEEKS POST-OP:

- Continue Pendulums, passive supine elevation, passive ER
- Active-Assisted ROM:
 - Scapular plane elevation to 160°
 - Pulleys as motion improves
- Use cane for ER to 60°
- Begin Internal Rotation as tolerated.
- Begin Scapular strengthening program, in protective range
- Physioball Scapular stabilization (below horizontal)
- Isometric exercises:
 - Deltoid isometrics
 - Submaximal ER/IR isometrics at neutral
- Isotonic exercises for Scapular stabilizers, Elbow
- Modalities as needed

8-12 WEEKS POST-OP:

- Begin Theraband IR / ER week 6
- Use towel to increase IR
- ROM activities, emphasize flexion. Gentle passive stretch.
- Deltoid isometrics at 30° elevation
- Deltoid isotonic in plane of Scapula, only after positive Rotator Cuff strength is determined (especially forward flexion)
- Continue with Scapular PRE's.
- Biceps PREs
- Upper body Ergometer
- Continue with modalities, prn.
- Restore full ROM by 12 weeks



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12-16 WEEKS POST-OP:

- Progress Rotator cuff isotonic
- Continue with aggressive Scapular exercises
- Upper extremity PRE's for large muscle groups, i.e. Pects, Lats, etc.
- Begin isokinetic program, IR / ER emphasize eccentrics
- Continue with flexibility activities
- Begin plyometric program for overhead athletes at 14 weeks
- Continue with throwing and racquet program if appropriate
- Sports specific strengthening
- Posterior capsule stretching after warm-ups
- Progress PRE's from side for overhead athletes
- Return to sports at approximately 16-20 weeks

Frequency & Duration: (circle one) 1-2 2-3 x/week for _____ weeks Home Program

**Please send progress notes.

Physician's Signature: _____ **M.D.**