

Proximal Humerus Fracture Surgery

Physical Therapy Protocol

Goals of Rehabilitation

- **Promote Bone Healing:** Protect the surgical repair to allow proper bone and soft-tissue healing.
- **Restore Function:** Gradually regain shoulder range of motion (ROM), strength, and functional use.
- **Avoid Complications:** Minimize stiffness, pain, and improper loading during recovery.

General Guidelines

- Rehabilitation is divided into **three phases**.
- **Early gentle motion** is encouraged to maintain **mobility** while avoiding stress on the repair.
- **Resistance exercises** are typically delayed until bone and soft-tissue healing is secure (**around 6 weeks**).
- Adjustments to the protocol may be necessary based on **individual progress**.

Pain Management Tips

- Apply **ice packs for 15–20 minutes every 2–3 hours** during the first week to reduce swelling and discomfort.
- Follow **Dr. Trevor’s pain medication instructions**. See full details at:

DrTrevor.com/pain

- Avoid **activities that cause sharp or increasing pain**. Report persistent or severe pain to your surgeon.
- Incorporate **deep breathing and relaxation exercises** to reduce tension and improve comfort.

Phase 1: Immobilization and Gentle Motion (Approximately First 3 Weeks)

Goals:

- Protect the surgical repair to promote healing.
- Initiate gentle motion to prevent stiffness and maintain circulation.

Restrictions:

- Immobilization or support of the shoulder for **2–3 weeks**.
- Avoid **external rotation (ER) for the first 6 weeks**.

Activities:

- **Pendulum exercises**: Perform **daily** to maintain shoulder mobility.
- **Gentle assisted motion**: Initiate **pain-free movements** as tolerated.

- **Scapular shrugs and pinches:** Maintain **scapular mobility and posture**.
- **Posture correction:** Maintain **good alignment** to avoid **compensatory movements**.
- **Avoid heavy lifting, pushing, or pulling** (nothing heavier than a **glass of water**).

Phase 2: Active-Assisted Motion (Weeks 3–9)

Goals:

- Progress to **active-assisted motion** and functional use of the shoulder.
- Gradually reduce dependence on assistance for ROM.

Restrictions:

- No **abduction against resistance** until after **6 weeks**.

Activities:

- **Active-assisted forward flexion and abduction:** Gradually **increase range** as tolerated.
- **Gentle functional use:** For **basic activities of daily living (ADLs)** from weeks **3–6** (e.g., dressing, eating).
- **Reduce assistance during ROM exercises:** Start **reducing assistance from week 6 onward**.
- **Posture and scapular stabilization exercises:** Strengthen **scapular support** during shoulder motion.

- **Use heat therapy before exercises** to loosen tight muscles and **ice after exercises** to minimize inflammation.

Criteria to Progress:

- **Clinical evidence of bone healing.**
- **Fragments move as a unit without displacement on x-rays.**

Phase 3: Strengthening and Functional Recovery (After Week 9)

Goals:

- Restore **full range of motion.**
- Build **strength, endurance, and functional capacity** for daily activities.

Activities:

- **Isotonic strengthening exercises:** Add **concentric and eccentric strengthening** to build muscle **endurance and power.**
- **Progressive resistance exercises:** Begin **light resistance** (bands or weights) and **increase gradually** as tolerated.
- **Functional strength training:** Focus on **activities relevant to daily life or occupational needs.**
- **Passive stretching:** If **joint stiffness persists**, incorporate **stretching with a physiotherapist.**
- **Balance and proprioception exercises:** Include **ball tosses or closed-chain exercises** to restore coordination.

Criteria to Progress:

- **Evidence of solid bone healing on x-rays.**
- **Pain-free performance of strengthening exercises with controlled form.**

Additional Notes

Patient Communication:

- Ensure the patient understands the **importance of avoiding overstressing the shoulder** in early phases to **protect the surgical repair**.

Pain and Swelling Management:

- If **pain or swelling increases**, reduce activity level and consult the **surgeon or therapist**.

Progress Monitoring:

- Include **regular x-rays** and **clinical evaluations** to confirm healing progress.

Patient Education:

- Encourage **compliance with home exercises** and provide **clear instructions** (with visuals when possible).
- Provide a **contact point** for patients if they have **questions** or **unexpected recovery issues**.

“Dr. Trevor” Stefanski, M.D.
Minimally Invasive Joint Specialist
DrTrevor.com/PT

Innovating **BIG RESULTS**
Through Small Incisions

Final Considerations

- Follow all precautions to ensure a smooth recovery.
- Gradual strengthening and controlled movement will maximize surgical success.
- Reach out to your healthcare provider if you experience concerns or setbacks.

How to Use This Guide

- Adhere to the outlined progression phases.
- Monitor pain and ROM improvements.
- Communicate any concerns to your surgeon or therapist.

Phone: 513-232-2663
Fax: 513-985-2580