

Non-Operative Proximal Humerus Fracture

Physical Therapy Protocol

Overview

Nonoperative management of proximal humerus fractures typically begins with maximal support using a sling. The progression to motion and strengthening exercises is guided by patient comfort, fracture healing, and radiographic confirmation.

Summary of Phases

Phase	Timeframe	Focus Areas
I	Weeks 0–3	Immobilization, pendulums, isometrics, sling use
II	Weeks 3–6	Active-assisted motion, therapy tools, light strengthening
III	Week 6 and beyond	Full AROM, progressive strengthening, functional return

Phase I – Immobilization Phase (Weeks 0–3)

Goals:

- Protect fracture site
- Minimize pain and inflammation
- Initiate early motion without compromising stability

Precautions:

- Full-time sling use, including during sleep, for 2–3 weeks
- Avoid active shoulder use; hand and wrist use encouraged
- Sleep in a reclined or upright position if uncomfortable

Therapeutic Activities:

- Pendulum exercises as tolerated
- Active hand and forearm use
- Isometric scapular and shoulder girdle exercises as tolerated

Monitoring:

- Obtain X-rays to rule out displacement

Phase II – Assisted Motion Phase (Weeks 3–6)

Goals:

- Begin active-assisted motion
- Maintain mobility and alignment
- Prevent stiffness

Therapeutic Activities:

- Active-assisted shoulder motion (flexion and abduction)
- Begin use of shoulder therapy tools if needed:
 - Exercise bar: Use opposite arm to guide passive motion
 - Pulley system: Allows passive forward flexion
- Continue isometric exercises and progress as tolerated

Phase III – Progressive Strengthening Phase (Week 6 and Beyond)

Goals:

- Restore full active range of motion (AROM)

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- Improve strength and endurance
- Return to functional activities

Therapeutic Activities:

- Initiate isotonic strengthening as tolerated
- Focus on forward flexion before abduction against gravity
- Use elastic resistance bands, progressing to machines and free weights
- Monitor rotator cuff strength

Caution:

- Weakness or poor progression may indicate rotator cuff tear requiring further evaluation

Key Considerations

Pitfalls – Shoulder Stiffness:

- Discontinue immobilization early if appropriate
- Encourage pendulum exercises and assisted motion
- Initiate formal PT if progress stalls

Special Circumstances:

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- Glenohumeral Dislocation: Sling and swath use may improve comfort and reduce redislocation risk
- Weight Bearing: Avoid until fracture healing is secure
- Implant Removal: Only indicated with symptoms like loosening or impingement

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