



# Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

## PROXIMAL HUMERUS FRACTURE (NON-OP)

## NON-OP PHYSICAL THERAPY PROTOCOL

## Bryan M. Saltzman, M.D.

Chief, Division of Sports Medicine & Shoulder/Elbow Surgery
Indiana University Health Physicians
Assistant Professor of Orthopaedic Surgery, Indiana University
Sports Medicine, Cartilage Restoration, Shoulder/Elbow Surgery
IU Health Methodist Medical Plaza North (MSK) – 201 Pennsylvania Pkwy #100,
Carmel, IN 46280

IU Health Methodist Hospital – 1801 N Senate Ave, Indianapolis, IN 46202 317-944-9400

www.bryansaltzmanmd.com

tient Name:	<u>Date</u> :
_ Evaluate and Treat	Provide patient with home program
Frequency:	x/week x weeks

## Goals:

- 1. Increase ROM while protecting the fracture site.
- 2. Control pain and swelling (with exercise and modalities)



3. Perform frequent gentle exercise to prevent adhesion formation

## **Phase I – Early Motion Phase (0 - 5 weeks)**

#### 1. Week 1 Early Passive Motion

- 1. Wear the sling at all times except to exercise
- 2. Hand, wrist, elbow, and cervical AROM
- 3. Grip and wrist strengthening
- 4. PROM: supine Flexion to 90° and ER (very gentle)
- 5. Modalities as needed for pain relief or inflammation reduction

#### 2. Week 2

- 1. Apply hot packs 10 minutes before exercising
- 2. Begin pendulum (Codman) exercises with circles in and out
- 3. Soft tissue mobilization
- 4. Supine ER with a stick to 30°
  - a. Support elbow on a folded towel with shoulder in 15° ABD 5.
- 5. Scapular Stabilization
  - a. Scapular clocks
  - b. Scapular retractions (no shoulder extension)

## C. Week 3 – 5 (begin AAROM when pain diminishes and pt is less apprehensive)

- 1. Continue all above exercises
- 2. Begin gentle AAROM flexion to 140° if clinical situation is stable
  - a. Supine Cane flexion
  - b. Supine AAROM with therapist assistance or with hands clasped
- 3. Begin pulley for flexion to tolerance
- 4. Begin submaximal isometrics ER, and flex (week 3-4)
- 5. Begin flexion and ABD on slide board or table to tolerance

### Phase II – Active Motion Phase (Weeks 6 - 12)

#### A. Week 6 - 8 AROM

- 1. Establish full PROM
- 2. Begin AROM
  - a. Supine flexion to patient tolerance
  - b. Progress to seated (or standing) flexion with a stick
  - c. Seated flexion with elbow bent and arm close to the body
  - d. Perform ER and ABD with hands behind head
  - e. Sidelying ER (pain-free)
  - f. Serratus Punches
- 3. Begin Extension and IR: (PROM, AROM and Isometrics)
- 4. Begin multi-angle isometrics



- 5. Continue PROM and begin gentle patient self-stretching (week 7–8)
  - a. Flexion: put hand on wall or top of door
  - b. ER: hold onto door jam and twist
  - c. IR: use good arm to pull affected arm into IR

### B. Week 8 - 10 Early Resisted ROM

- 1. Begin Theraband for IR, ER, flexion, ABD, and extension
- 2. Begin supine IR, ER with 1# (arm supported at 15° ABD) (pain-free)
- 3. Begin UBE with no resistance
- 4. Prone Ext and ABD (pain-free)
- 5. Progress to adding weight to above exercises only if pain-free
- 6. Biceps / Triceps strengthening with dumbbells

## Phase III - Aggressive Stretching and Strengthening Phase (beginning week 12)

- 1. Isotonic strengthening with weights all directions
- 2. Increase theraband or use rubber tubing
- 3. Increase stretches on door and add prone stretches
- 4. Begin functional or sport activity for strength gain

By signing this referral, I certify that I have examined this patient and physical therapy medically necessary. This patient wouldwould not benefit from social services.		
	Date:	
Bryan M. Saltzman, MD		