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Sports Medicine, Work-Related Injuries & Conditions, General Orthopedics, Upper Extremity Direct Line (219) 250-5017

## Non Surgical Proximal Humerus Fracture Protocol

Name	Date
Procedure	
Procedure Date	
Frequency 1 2 3 4 5 times/we	ek Duration 1 2 3 4 5 6 weeks
<ul> <li>Weeks 1-2: (passive phase)</li> <li>Begin gentle PROM of the elbow a</li> <li>HEP 3-4x daily</li> <li>Heat before PT/ modalities as needed</li> <li>Pendulum exercises ONLY</li> </ul>	
<ul> <li>Weeks 3-6:</li> <li>PROM- progress gentle ROM as sh</li> <li>Wand supine ER</li> <li>Hold cross-body adduction until 6 v</li> <li>Begin isometrics</li> </ul>	-
<ul> <li>Weeks 6-8: (active phase)</li> <li>PROGRESSION IS X RAY DEPENDENT</li> <li>DC sling</li> <li>Progress to AROM</li> <li>Increase AROM 160° FF/ Full ER and the progress to the the the protect of the the statement of the</li></ul>	at side/ 160° ABD/ IR behind back to waist

## Weeks 8-12:

- If ROM lacking, increase to full with gentle passive stretching at end ranges
- At 10 weeks: Advance strengthening as tolerated: light weights (1-5 lbs); 8-12 reps/2-3 set per rotator cuff, deltoid, and scapular stabilizers
- Functional activities for strength gain

Lakeshore Bone & Joint Institute <u>www.lbji.com</u> (219) 921-1444 **Comments:** 

Teach HEP\_\_\_\_\_

**Modalities PRN** 

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature I	Date
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