



Proximal Humerus Fracture Non-Operative Jason Dieterle, DO

CONSIDERATIONS:

Non-operative care is usually chosen when the fracture is stable, minimally displaced or the patient is not a good candidate for surgery. Depending on the severity of the fracture, the patient may have significant loss of ROM in forward flex, abd and ER.

1-4 WEEKS:

- Sling wear at all times except for exercises and hygiene, including at night
- Use cold pack for pain relief and to decrease inflammation
- Posture education
- Scapular retraction and depression
- Pendulum exercises 7-10 days
- Move uninvolved joints
- Do not actively fire the shoulder muscles, no lifting arm away from body
- Gentle PROM depending on fracture/stability, may be too painful at this point

5-8 WEEKS:

- Wean from sling at 6 wks
- Continue to use cold pack
- Grade I-II ST and GH joint mobs for pain relief
- PROM/AAROM to 90 degrees forward flex, progress as tolerated (about 20 degrees per week), ER per tolerance, IR in scapular plane
- Pulleys
- No IR behind back or posterior capsule stretch

9-12 WEEKS:

- Continue with PROM as tolerated until full PROM is achieved

- Begin AROM in supine, then standing per tolerance
- Begin posterior capsule stretch and IR behind back
- Pec minor stretching
- Grade II-IV joint mobs
- Submaximal isometrics
- Anterior deltoid strengthening and continue with scapular stabilization
- Work on force couple between the upper trap and serratus anterior to create a more stable base
- Monitor for compensatory patterns

12 WEEKS AND BEYOND:

- RC and scapular strengthening
- Big emphasis on posterior capsule stretching
- Job/athletic specific training
- Progress to HEP