

Open Reduction Internal Fixation of Proximal Humerus Fractures Rehab

PHASE ONE: Protection and Early Mobilization (usually begins at 4 weeks postop)

Goals: Understand precautions, minimize pain, and learn home exercise program
Allow early healing while increasing PROM of the shoulder/elbow, and AROM of the wrist/hand

Treatment:

Sling (6 weeks) and sling care, **NO lifting arm or weight bearing through arm**
Pendulum Exercises (4x per day)
Gentle Passive Range of Motion
Flexion 0-75 degrees
Scaption 0-50 degrees
ER to 0 deg
Table slide flexion and scaption (Avoid ER past 0)
Elbow passive ROM starts at 2 weeks postop
Hand gripping exercises; Ice (4x per day, 20 min each) & modalities

PHASE TWO: Active Assisted Motion (starts week 6)

Goals: Decreased pain and fear of movement while regaining motion
Slow muscle atrophy, prevent poor movement patterns, start scapular activation

Treatments:

Wean sling, **No weight bearing/axial load through arm**
Passive Range of Motion (to tolerance within guidelines)
Flexion 0-120 degrees
Scaption 0-100 degrees
ER beyond neutral to 50% contralateral side
IR as tolerated
Wand flexion and ER
Pulley flexion and ABD/scaption; supine active assisted ROM
Scapular retractions/depressions, Scapular PNF
Posterior capsule stretching week 8
No resistance supine active flexion

PHASE THREE: Progressive Strengthening and Motion (around week 9-12)

Goals: Minimize pain and increase function
Achieve phase two motion prior to strengthening
Increase light resistance training, improve dynamic stabilization and scapulohumeral rhythm

Treatments:

Sub-max isometrics, initiate passive UBE
Regain motion to tolerance-no restrictions with passive motion
*full motion may not be obtainable based on fracture

Treatments (continued):

Eccentric pulley flexion
Side lying external rotation
Initiate isometric T-band exercise using side-step with arm by side (quality over strength)
Prone row, extension and T's; scapular stabilization
Progress supine motion to standing forward and lateral raises based on quality of movement
No weight bearing/axial load through arm

PHASE FOUR: Return to Function (week 12)

Goals: Optimize motion, strengthen rotator cuff, deltoid and shoulder blade muscles
Neuromuscular control of shoulder complex
Full return to functional activities
Optimizing stretching for any residual contractures (hold stretches for 20-30 sec each)

Treatments:

Regain maximum motion
Active T-band exercises with progression of rotator cuff and deltoid strengthening
Progression to functional activities
Home exercise program 3-4x per week, daily stretching as needed
No weight bearing/heavy axial load through arm until cleared by MD.
Delaying axial load may decrease screw complication/penetration as bone healing matures around the hardware.