

## **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.*