

Department of Orthopaedic Surgery  
Sports Medicine and Shoulder Service

Proximal Humerus Fracture / Greater Tuberosity ORIF Rehab Protocol  
Prescription

Patient Name:

Date:

Diagnosis: Proximal humerus fracture

Frequency: 2-3 visits/week Duration: 4 months

Post-operative Period

1. 2 visits per week, one for day 1 and one for day 4 (t)5 (es 0.0000092 0 11 0 0 1 314.81 32or)312 0 6105
2. Sling is to be worn for sleep and otherwise worn only as needed (sin7(d)4( q37 7( )IT G 12 10.000009nCP
3. Active and passive range of motion of the neck, elbow, wrist and hand should be performed 5 times/day everyday
4. Avoid any active shoulder motion for the first 4 weeks (0.0312.ar0.0/P 2q0 0 1 0 Gtr
5. Gentle passive pendulum exercises should be started immediately to be performed 3 times a day
6. Icing program, 3 to 5 times a day, 30 minutes each after exercises
7. Sling to be worn for sleep and otherwise worn as needed (0.024 29.777F3 12 11 7 be worn for sleep and otherwise wornEo6112 G 72 revB6 t(0.

1. 1 to 2 visits per week, with a home program 5 times a week.
2. Continue exercises in previous phases (as described above)
3. A strong emphasis on periscapular strengthening and range of motion exercises should continue with scapular protraction, retraction, and elevation
4. Rotator cuff strengthening exercises (with bands and dumbbells) may begin once active range of motion is full

1. 4 to 5 times a week home program. 1 to 2 visits per week to advance home program.
2. Continue exercises in previous phases (as described above)
3. Active shoulder girdle, rotator cuff, and periscapular muscle strengthening exercises are the focus of this period with the emphasis to regain full strength. Strengthening exercises should be high repetition, low weights with dumbbells and bands

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1. Maximize ROM
  2. Full independent ADLs
  3. Normal scapulohumeral rhythm >100 deg elevation
  4. Independent HEP