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PHYSICAL THERAPY PROTOCOL

Proximal Humerus Fracture — Open Reduction & Internal Fixation

Plate/screw fixation of the proximal humerus

Internal fixation stabilizes the proximal humerus. Passive motion begins early to prevent shoulder stiffness, while active motion and strengthening are delayed until fracture healing progresses. Larger or more comminuted fractures are progressed more slowly.

General Precautions

- Sling for ~3–4 weeks.
- Passive motion only early; active motion delayed until healing progresses (~6 weeks) — follow surgeon-specific instructions.
- No lifting, pushing, or bearing weight through the arm until cleared.
- Avoid forceful end-range stretching early.

Phase I — Passive Motion Weeks 0–4

Goals

- Protect the fixation
- Control pain
- Begin passive motion to prevent stiffness

Precautions / Restrictions

- Sling except for exercise
- Passive motion only
- No weight bearing through arm

Exercises & Interventions

- Pendulums
- Passive forward flexion and external rotation in a comfortable range (per surgeon)
- Elbow, wrist, and hand motion
- Scapular setting
- Cryotherapy

Criteria to Advance

- Pain controlled
- Passive motion improving

Phase II — Active-Assisted → Active Motion Weeks 4–8

Goals

- Wean sling
- Progress to active-assisted then active motion as healing allows

Precautions / Restrictions

- Begin active motion only when the surgeon confirms adequate healing

Exercises & Interventions

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- Active-assisted → active range of motion in all planes
- Sub-maximal rotator cuff/scapular isometrics late
- Posture work

Criteria to Advance

- Radiographs showing healing
- Active elevation improving

Phase III — Strengthening Weeks 8–12

Goals

- Restore strength once healed

Exercises & Interventions

- Progressive rotator cuff, deltoid, and scapular strengthening
- Endurance work

Criteria to Advance

- Radiographic union
- Strength ≥70–80% opposite side

Phase IV — Return to Activity Months 3–6

Goals

- Return to full function

Exercises & Interventions

- Advanced strengthening
- Sport-/job-specific progression

Criteria to Advance

- Symmetric strength and motion
- Surgeon clearance for full loading

This protocol is a general guideline. Progression is criteria-based and may be advanced or slowed by Dr. O'Donnell based on intraoperative findings, tissue quality, fixation, and individual healing. Time frames are approximate. Direct questions to the office at (305) 393-8810.