Proximal Humerus Fracture Nonoperative Rehab Protocol Prescription

Patient Name:                      Date:

Diagnosis: **Proximal Humerus Fracture R / L Shoulder**

Number of visits each week: 1 2 3 4                      Treatment duration _________ weeks

**Healing Phase (weeks 1-4 post injury)**
Sling immobilizer may be d/c’ed after 3 weeks
Gentle shoulder PROM
Scapular “pinches”
AROM elbow and wrist
Modalities as indicated
Daily HEP

**Functional Rehab Phase (4 weeks after injury)**
May progress gentle PROM
May initiate active assisted and active range of motion -- progress as tolerated
Restore scapulothoracic and glenohumeral rhythm
Rotator cuff and scapular stabilizer strengthening program
Modalities as indicated
Daily HEP

**Maintenance Phase**
Continue all therapy exercises from previous phase
Continue strengthening program with progressive increase in resistance
Functional and ADL specific training
Phase out supervised rehab
Advance home strengthening program to be done daily

ADDITIONAL COMMENTS: __________________________________________

Concerns or questions:
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Physician Signature: