

Shoulder Fracture Repair

Goals and Guidelines:

The goal of surgery is to anatomically reconstruct the proximal humerus and provide stable fixation to allow early ROM. The most common problems after surgery are loss of reduction and stiffness. Therefore the therapy is tailored to try to prevent these complications. The sling can be removed at home to perform waist level activities. In addition some proximal humeral fractures are associated with axillary nerve palsies. In these cases sling use might be more prolonged.

0-2 weeks

- Supine Passive Forward Elevation to full, External Rotation with stick to the side to 30 degrees. Teach the passive to patient and family for home exercises.
- Pendulums. Active range of motion to elbow and hand.

2-6 weeks

- Continue Passive supine forward elevation and external rotation and continue to increase the degree of ROM.
- Start gently Internal rotation behind back and cross body adduction.
- At the end of the 6 weeks supine ROM should be 75% of normal.
- Exercises are to be performed twice daily.

6-8 weeks

- Continue stretching in all planes (FE, ER, and IR).
- Start AAROM with pulley. Patients need a pulley for home use.
- For patients with concomitant nerve palsies, Wedge Assisted Forward Elevation can be initiated.
- Younger patients can start Wall slides.

8-10 weeks

- Continue prior exercises.
- Start 4 way Resistance Band Strengthening. Internal rotation behind back stretching, and sleeper stretch.
- Stretching is performed daily and strengthening is every other day.

10-12 weeks

- Continue above exercises.
- Add more aggressive stretching in all planes. External rotation stretching at wall.

12-20 weeks

- If good ROM has been obtained the more aggressive strengthening can be started focusing on deltoid and rotator cuff and periscapular musculature.
- Teach HEP for discharge.