

Patient name:

Date of Surgery:

Surgery performed:

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General Ortho and Sports Medicine
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Postoperative Rehabilitation Protocol:
Proximal Humerus Open Reduction Internal Fixation

This is a general guideline. Certain patients may require extra attention to certain areas of their body or portions of the protocol. Always listen to your therapist, a protocol never replaces their good clinical judgement. Do not attempt to increase weight, perform a new exercise, or increase your range of motion without their direction.

1st POST-OP Visit – 10-14 days after surgery

1. Patient Education

- **NO active motion until 6 weeks post-op**
- Sling/Immobilizer
- Icing 3 times/day for 20 minutes each or vascultherm more frequently
- Subscapularis repair = no forceful passive external rotation beyond 20° until 6 weeks

2. Exercises – It is recommended to perform these exercises on your own, at least 3 times a day.

- **Your Formal therapy should begin _____ week[s] after surgery, with 2 appointments/week** Closed chain Pendulums/Codmans (begin Day 1)
 - o Clockwise, counterclockwise, side-to-side, front & back
- Passive internal rotation to tolerance (not behind back)
- Non-weight bearing AROM exercises at scapula, elbow and wrist
 - o elbow flexion/extension
 - o wrist flexion/extension and pronation/supination
 - o gripping exercises
 - o scapular clocks – standing and prone
 - elevation, depression, retraction, protraction
- No canes or Pulleys
- Stationary bike in sling permitted

3. Modalities – PRN

4. Motion goals

- Passive flexion to 90 degrees, External rotation to 30 degrees unless subscapularis repair

4 WEEKS POST-OP

1. Continue PT
2. Range of Motion – True Passive Range of Motion only to Patient Tolerance
 - Eventual Goals: Forward flexion 140°, 60-80° Abduction without rotation. Limit Internal Rotation to 40° with shoulder 60-80° Abducted.
 - 40° External Rotation with arm at side.
 - o Unless a subscapularis repair was performed as noted above. Then this should be restricted until 6 weeks postop to well within patient tolerance.
3. Exercises
As above plus the addition of other passive modalities as instructed by therapist

6 WEEKS POST-OP – 2nd postoperative visit

1. Discontinue sling, driving may begin if permitted by surgeon
2. Exercises
 - Continue passive progression
 - Active and active assist range of motion to glenohumeral joint
 - Passive range of motion in external rotation increased gradually if subscapularis repair
 - **NO BICEPS strengthening until 8 weeks postop is tenodesis performed**
3. Grade I/II glenohumeral joint mobilizations - as indicated
4. Modalities - PRN

10 WEEKS POST-OP

1. Exercises
 - Initiate stepwise shoulder/rotator cuff strengthening exercises as permitted by range of motion
 - o **Weight bearing restriction: less than 5lbs until 12 weeks**
 - o BodyBlade
 - o Plyo ball – circles, squares, diagonals
 - o Pulleys/Thera-band
 - o Pool resistance
 - o Continue scapular mobilization
 - o **NO OVERHEAD STRENGTHENING**
 - Continue elbow/wrist/hand strengthening
2. Glenohumeral and scapular mobilization as indicated
3. Modalities - PRN

12 WEEKS POST-OP – 3rd postoperative visit

Therapy visits may transition to once weekly with discretion of therapist and doctor.

1. Exercises
 - Daily HEP
 - Glenohumeral, chest wall and scapular mobilization
 - Weekly, gradual increases in weight bearing at the shoulder as muscular control and radiographic union demonstrates. Typically 2-3 pounds/week.

Subsequent visits to be determined by your clinical advancement and anticipated return of function.

Return to sport and heavy labor jobs may require 6 months of physical therapy with gradual return of function. You can expect to improve your range of motion and strength for up to 12 months after this surgery. Rotation typically requires more time to reach maximal benefit. Overhead lifting should not be performed for 4-6 months.