



Matthew D. Collard, D.O.
*Worker's compensation
Arthroscopy/Sports Medicine
Extremity Trauma
Joint Replacement Surgery*

2325 Dougherty Ferry Rd, Ste. 100
St. Louis, MO 63122
(314) 909-1359 Fax (314) 909-1370
www.storthospecialists.com

Proximal Humerus Fracture Non-Surgical Protocol

The most common humerus fracture is one that involves the proximal one-third of the humerus. The typical mechanism of injury is a direct blow to the anterior, lateral or posterolateral aspect of the humerus or a fall on an outstretched hand.

The majority of proximal humerus fractures are treated conservatively with a sling.

CONSERVATIVE MANAGEMENT – THERAPY

3-4 Weeks Post Immobilization

The initial immobilization is typically discontinued.

AROM exercises are initiated to the shoulder, elbow and forearm 6 to 8 times a day for 10 minute sessions. Range of motion exercises are progressed within the patient's comfort level.

4-6 Weeks Post Immobilization

Full PROM exercises may be initiated to the shoulder, elbow and forearm.

6 Weeks Post Immobilization

Full PROM exercises may be initiated to the shoulder, elbow and forearm.

8 Weeks Post Immobilization

Progressive strengthening, for both endurance and gross muscle strength, may be initiated with hand weights or equipment such as BTE. The entire upper quadrant should be strengthened.

CONSIDERATIONS

Most patients will do well when emphasis is placed on a home exercise program. Few therapy visits are typically necessary.