

Shoulder Humeral Fracture Non-Operative Protocol

Phase 1	Initial Injury
Suggested Therapeutic Exercise/Treatment	<ul style="list-style-type: none"> • Sarmiento/cuff and collar splint will be made by OT • Digit, wrist, and forearm AROM • Ice • Edema management • Educate in ADL/IADL modifications for dressing and bathing • Appropriate for arm to hang at the side, but no AROM of shoulder and elbow at this time during ADL/IADL's

Phase 2	1 to 4 weeks
Appointments	<ul style="list-style-type: none"> • Physician visit for imaging • OT for splint adjustments and monitoring edema/ROM as needed 1x/week
Precautions	<ul style="list-style-type: none"> • No lifting • No forced ROM • Splint on at all times except bathing and ROM with OT
Suggested Therapeutic Exercise/Treatment	<ul style="list-style-type: none"> • Begin pain-free wrist isometrics • Begin gentle grip strengthening • Continue elbow ROM (active and active assisted flexion, extension, pronation, and supination) • Ice as needed

Phase 3	4 to 6 weeks
Appointments	<ul style="list-style-type: none"> • Physician visit for imaging • Continue with OT 1-3x/week
Suggested Therapeutic Exercise/Treatment	<ul style="list-style-type: none"> • Pain-free shoulder AAROM/AROM (per physician clearance) • Pendulums • Increase ROM gradually – No forced ROM • Begin shoulder and elbow active-assisted ROM • Begin light wrist strengthening • Begin scapular strengthening • Continue with splint until physician clearance

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Phase 4	6 to 8 weeks
Suggested Therapeutic Exercise/Treatment	<ul style="list-style-type: none"> • Discontinue splint between 6-8 weeks (MD directed) • Continue to restore functional ROM • Begin PROM to elbow and shoulder • Elbow, shoulder isometrics • Begin light elbow strengthening • Cardiovascular exercises as tolerated

Phase 5	8 to 10 weeks
Suggested Therapeutic Exercise/Treatment	<ul style="list-style-type: none"> • Progress upper extremity strengthening • Continue UBE for endurance training

Phase 6	10 to 12 weeks
Suggested Therapeutic Exercise/Treatment	<ul style="list-style-type: none"> • Continue aggressive upper extremity strengthening • Begin plyometric program (must have good strength base and be pain-free) • Restore normal flexibility • Continue endurance training • May begin light sports activity (swimming) • Manual resistance diagonal patterns