

PROXIMAL HUMERUS FRACTURE FIXATION

Postoperative Protocol

Referral for Rehabilitation Services

Patient Name: _____ Date of Surgery: _____

_____ / Week _____ Weeks

Sling for 4 weeks

Pins out in office at 3 weeks (if applicable)

Pendulum exercises only first 3 weeks

Phase 1 – Passive

Weeks 4-6

Begin: _____

1. Pendlums to warm-up
2. Begin in supine position for elevation and external rotation
3. Internal rotation

Phase 2 – Active

Weeks 6-11

Begin: _____

1. Pendlums to warm-up, terminal stretch
2. Return to supine for elevation and progress to upright
3. Continue external and internal rotation

Phase 3 – Resistive

Week 11

Begin: _____

1. Pendlums to warm-up, continue with Phase 2
2. Rotator cuff and periscapular muscle strengthening (shrugs, rows, serratus, etc using therabands and/or hand weights)

Return to Activity

Computer	2 months
Golf	4 months
Tennis	5 months

I hereby certify these services as medically necessary for the patient's plan of care.

Physician's Signature

Date _____