EDWARDS ORTHOPEDICS
Advanced Orthopedic Surgery, Close to Home.
Dr. Chad Edwards, Orthopedic Surgeon

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POST-OPERATIVE REHABILITATION PROTOCOL

Proximal Humerus Fracture - Nonoperative

Comfort-based immobilization followed by progressive motion and strengthening after healing

PATIENT	SURGERY DATE	SIDE / PROCEDURE NOTES
_____	_____	_____

HOW TO USE THIS PROTOCOL Time frames are guides, not deadlines. Progress only when the phase criteria are met and the knee/arm is not reacting with increased pain or swelling. Dr. Edwards' written instructions always take priority.

SCOPE The fracture pattern and follow-up radiographs determine motion and loading. Do not advance beyond the written clinic instructions.

STOP AND CALL: fever/chills, increasing redness or drainage, uncontrolled pain, new or worsening numbness/weakness, calf pain/swelling, chest pain, or shortness of breath. Call 911 for an emergency.

KEY RESTRICTIONS AT A GLANCE

TIME	PROTECTION / WEIGHT BEARING	MOTION / LOADING
0-2 weeks	Sling when awake/moving	Elbow/wrist/hand ROM; pendulums only if cleared
2-6 weeks	Sling for comfort; 1-2 lb maximum	Gentle pendulum, passive, and assisted shoulder motion
6-12 weeks	Wean sling after healing review	Begin active motion and light strength
12+ weeks	Progress loading gradually	Functional and activity-specific recovery

PHASE-BY-PHASE PLAN

Phase 1 | Comfort and protection (0-2 weeks)

- **Priorities:** Protect the fracture; control pain; prevent elbow/wrist/hand stiffness.
- **Protection:** Wear the sling when awake and moving. No lifting or pushing/pulling with the injured arm.
- **Therapy focus:** Hand, wrist, and elbow ROM; grip; neck motion; supported positioning for sleep. Begin pendulums only if specifically cleared.

Phase 2 | Early shoulder motion (2-6 weeks)

- **Priorities:** Prevent stiffness while maintaining fracture stability.

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- **Protection:** Minimal weight bearing: no more than 1-2 lb. Use pain as a guide; too much, too soon may delay healing.
- **Therapy focus:** Pendulums, table slides, gentle passive and active-assisted elevation/external rotation, and scapular setting.
- **Therapy focus:** Avoid shoulder extension and internal rotation behind the back until approximately 6 weeks unless cleared earlier.

Phase 3 | Active motion and strength (6-12 weeks)

- **Priorities:** Restore active shoulder motion, scapulohumeral rhythm, and daily function.
- **Protection:** Begin resistance only after radiographic/clinical healing is confirmed.
- **Therapy focus:** Progress AAROM to AROM, gentle stretching, cuff/deltoid/scapular isometrics, then bands/light weights; add functional reaching.

Phase 4 | Functional recovery (12+ weeks)

- **Priorities:** Restore strength, endurance, and task-specific capacity.
- **Protection:** Avoid abrupt heavy loading until motion and strength are well established.
- **Therapy focus:** Progress resistance, carrying, overhead function, and recreation in stages.
- **Therapy focus:** Return requires healed fracture, comfortable functional ROM, and task-appropriate strength.

GENERAL PROGRESSION RULE A mild exercise ache that resolves is acceptable. Back down and contact the care team if pain is sharp, swelling increases, motion is lost, gait/mechanics worsen, or symptoms remain elevated the next day.