



HUMERAL SHAFT FRACTURE (NON-OP) NON-OP PHYSICAL THERAPY PROTOCOL

Patient Name: _____ Date: _____

_____ Evaluate and Treat _____ Provide patient with home program

Frequency: _____ x/week x _____ weeks

_____ **Phase I (Early Mobility): Weeks 1-3**

- Sarmiento brace worn during the day/night up to 6 weeks, except for HEP
- Pendulum exercises
- Neck ROM exercises
- Elbow, wrist, and hand ROM exercises
- Scapular exercises – shrugs, squeezes, and PNF
- Passive shoulder ROM exercises in supine
- Pulleys
- Modalities for pain and swelling

_____ **Phase II (AROM): Weeks 4-6.**

- Wean from sling and discontinue it if physician allows
- Active shoulder ROM exercises in supine and progress to standing or sitting
- AROM based on radiographic evidence of healing
- Sub-maximal Isometric exercises of the deltoid and rotator cuff musculature
- Continue passive ROM and scapular exercises

_____ **Phase III (Strength & Function): Weeks 7-9**

- Initiate isotonic exercises starting with therabands and progressing to weights after week 8
- Upper extremity PNF
- Concentrate on RTC and scapular strength

_____ **Phase IV (Return to Normal Function): Weeks 10+**

- Advance progressive resistance exercises
- Progress to overhead exercises
- Plyometrics and muscle coordination exercises
- Push end ROM
- Glenohumeral joint mobilizations

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.

This patient _____ would _____ would not benefit from social services.

Physician Name: _____ Date: _____