



DR HARRY CONSTANTIN
ORTHOPAEDIC SURGEON

Proximal Humeral Fracture Rehabilitation Protocol



Phase Overview

The following protocol is designed to guide you and your physiotherapist through your recovery. Your treatment may be adjusted to meet your individual needs.

Avoid forcing any movement that causes sharp pain and maintain your exercises within your safe external rotation range

Exercises should be repeated 3 x daily.

Phase 1

Protection & Early Motion
(Weeks 0-6)

Phase 2

Active Motion & ROM Restoration
(Weeks 7-12)

Phase 3

Strengthening & Functional Control
(3-6months)

Phase 4

Advanced Strengthening & Return to Sport
(6 months+)

Important Movement Restrictions

Protect the Repair: Avoid jerky, lifting, or pulling movements early; respect healing limits.

Individualised Recovery: Fracture parameters, fixation, age, and any additional procedures (biceps tenodesis).

Gentle Movement: ROM should be *pain-free* and as tolerated — never force end-range.

Team Communication: Ongoing communication between Dr Constantin, your physiotherapist and yourself ensures safe and effective progress.

Healing Takes Time: Sometimes bone healing can be slow; timelines are guides and may need extending.

Progressive Loading:

First 12 weeks → light load (1/2–1 kg or light theraband).

After 12 weeks → moderate load if pain-free.

Heavy/overhead work → delay \geq 6 months.

Phase 1

Protection & Passive Mobility

(Weeks 0-6)

Goals: Protect surgical repair and allow healing. Control pain and swelling. Maintain hand, wrist, and elbow mobility. Begin gentle scapula activation. Achieve safe, pain-free active assisted shoulder motion

Precautions: Wear sling day and night. It can come off for showers. Keep elbow bent to protect the biceps tenodesis. No active shoulder (glenohumeral joint) movement early on. Avoid weight-bearing, lifting, or overhead motion. Stop activity if sharp pain, swelling, or night pain occurs.

Progression:

0–2 weeks: Pendular exercises

3–6 weeks: Active-assisted flexion to less than 90°. Gentle external rotation from abdomen to neutral (position of sling).

Functional Drills / Strength / Control: Scapula setting (elevation/retraction). Hand, wrist, and elbow exercises. Gentle pendular; no resisted cuff work. Intermittent ice packs on the shoulder between exercises.

Return to Work / Sport: Light desk work only (if approved). No lifting, pushing, pulling, or overhead activity

Maintenance: Continue sling use and assisted ROM. Maintain distal mobility and scapula control. Avoid compensatory shoulder movement.



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Phase 2

Active Motion & ROM Restoration

Weeks (7-12)

Goals: Achieve near-full active/assisted ROM. Restore shoulder coordination and scapula control. Maintain tendon protection. Gradually reintroduce functional activities

Precautions: No heavy or high-resistance loading. Avoid overhead or end-range movements. No sudden jerks, lifting, or impact through the shoulder. Monitor pain and swelling; reduce load if pain returns.

Progression:

7–9 weeks: Progress toward active assisted 120° flexion

10–12 weeks: Active-assisted ROM to full; ER/IR to 45° at side and in abduction.

Functional Drills / Strength / Control: Assisted flexion (supine), side-lying ER. Gentle theraband ER/IR below shoulder height. Rows, shrugs, biceps/triceps with light load. Wall push-up, scapula protraction/retraction holds. Closed-chain wall drills (as tolerated).

Return to Work / Sport: Desk/light work: 6–8 weeks (no overhead or heavy lifting). Manual labour/sport: delay until next phase. Can do light aerobic activity.

Maintenance: Continue daily ROM and scapula exercises. Correct compensations (avoid scapula hiking). Maintain posture: thoracic extension, scapula retraction.

Phase 3

Strengthening & Functional Control

(3-6 months)

Goals: Regain full functional ROM. Begin moderate cuff and scapula strengthening. Achieve multi-directional shoulder control. Prepare for work/sport-specific loading.

Precautions: Avoid heavy or rapid overhead loading (>3-4 kg early on). No incline bench, dips, or chin-ups until later phases. Regress if pain, swelling, or night pain develops.

Progression: Gradually introduce light weight-bearing drills: wall then knees then normal push-ups. Increase resistance from endurance to moderate loads. Begin sport/work-specific tasks: overhead, rotational, and plyometric control.

Functional Drills / Strength / Control: Prone horizontal extension to 90° abduction (short lever). ER/IR above 90° only when cuff is strong and pain-free. Closed-chain scapular drills and functional reach/lift patterns. Sport-specific mechanics: throwing, swinging, swimming. Emphasise endurance, then gradually add moderate strength loads.

Return to Work / Sport: Light/moderate work when pain-free with full ROM and good control. Heavy manual or overhead sport: delayed to next phase. Focus on quality of movement and not loading shoulder.

Maintenance: Continue strengthening and stretching. Focus on scapula/core stability, posture, and thoracic mobility.

Phase 4

Advanced Strengthening & Return to Sport/ Work

(6 months +)

Goals: Achieve full strength and endurance of shoulder and scapula. Restore full functional and sport-specific movement. Safely return to overhead, high-load, or impact activities. Maintain tendon integrity while resuming normal activity

Precautions: Avoid maximal resistance if pain or swelling occurs. Progress sport-specific loading gradually. Monitor for night pain or shoulder fatigue

Progression: Continue closed-chain and open-chain strengthening. Progress to heavier resistance and functional multi-planar movements. Incorporate plyometric and dynamic overhead tasks. Gradual return to sport-specific or work-specific drills

Functional Drills / Strength / Control: Full push-ups, bench press, rows, overhead lifts (pain-free). Sport-specific drills: throwing, swimming, racket sports, lifting tasks. Emphasize endurance, then power and strength. Monitor scapular mechanics and posture

Return to Work / Sport: Light/moderate work: 12+ weeks, if pain-free and strong. Heavy manual or overhead sport: usually 4–6 months. Full return when strength $\geq 90\%$ of opposite side and pain-free

Maintenance: Continue strengthening, stretching, and posture control for 6–12 months. Emphasise scapular and core stability. Monitor for pain or weakness and adjust load proactively

Key Principles for your Recovery

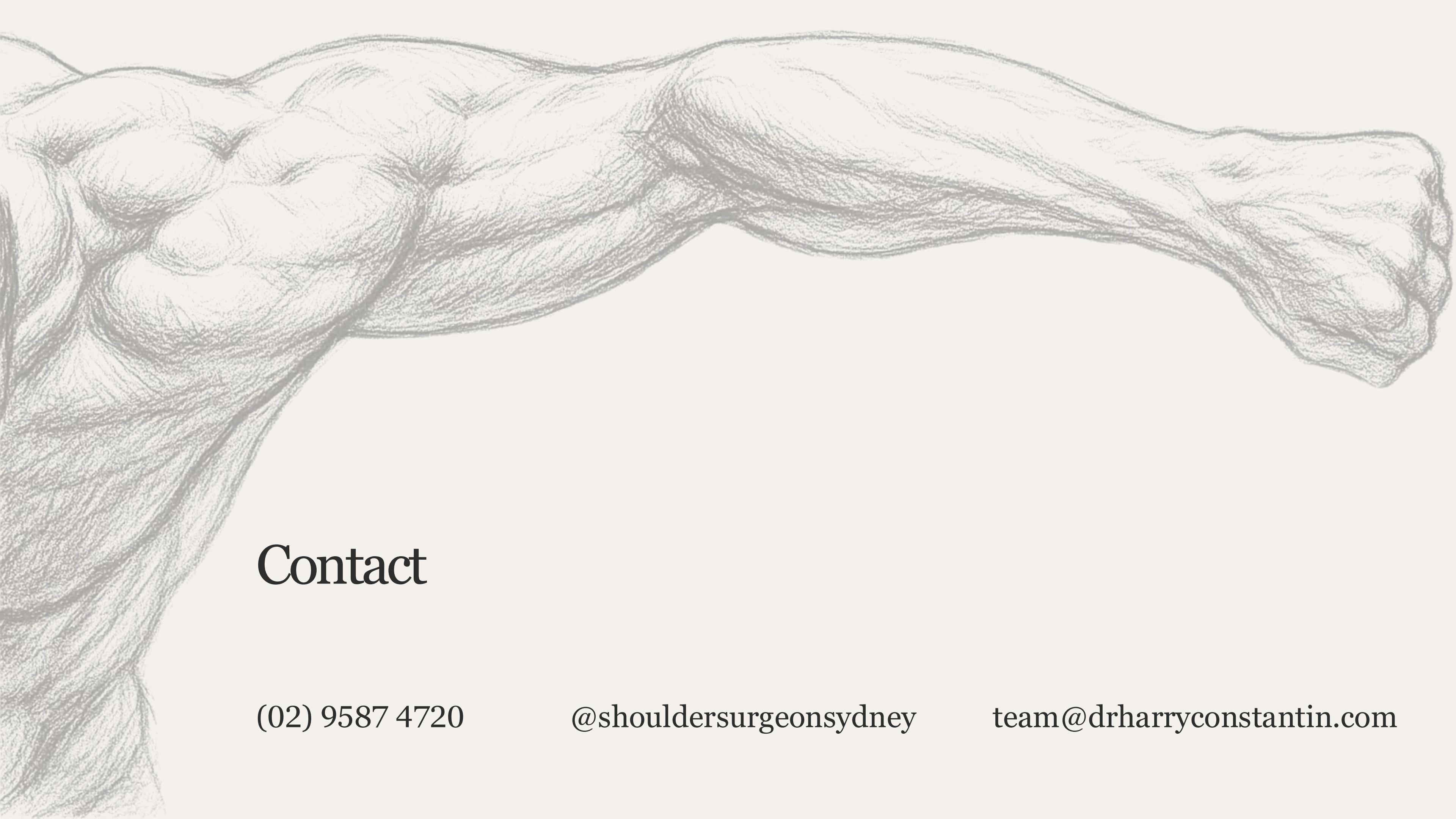
Avoid pain and sharp sudden movements.

Focus on control, posture, and gradual progression, not speed

Regular physiotherapy reviews will ensure a guided safe and steady recovery



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