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Orthopedic Surgery | Sports Medicine

SHOULDER

Humeral Shaft Fracture – Non-Operative

Injury Date: _____

Progressions are time and criterion-based, dependent on soft tissue healing, patient demographics and clinician evaluation. A review of the imaging and treating-clinician plan and communication of any concerns with the referring physician is encouraged. Use of allowed visits should consider overall insurance limitations. When limitations are present, spread visits out over time to ensure that the patient can optimally complete rehab program with return to appropriate activities.

Phase I: Immobilization (Weeks 0–2)

Brace/Splint
- Coaptation splint or functional brace (Sarmiento brace) as directed by physician
- At all times, except for hygiene and supervised exercises

Range of Motion
- Hand, wrist, and finger ROM exercises
- Gentle elbow flexion/extension (if permitted by brace type)
- Pendulums for shoulder (gentle, gravity-assisted only)

Precautions
- No shoulder AROM or resisted exercises
- No lifting with affected arm
- Avoid rotational forces through the humerus

Phase II: Fracture Healing (Weeks 2–6)

Brace/Splint
- Continue functional brace as directed

Range of Motion
- Progress elbow ROM as tolerated
- Continue pendulums for shoulder
- Begin gentle shoulder PROM to AAROM (guided by physician based on healing)

Exercise
- Grip and forearm strengthening
- Isometric shoulder exercises (when cleared by physician)
- Scapular stabilization (shrugs, retraction)

Phase III: Early Rehabilitation (Weeks 6–10)

Brace/Splint
- Discontinue when radiographic healing confirmed

Range of Motion
- Progress to AROM for shoulder and elbow
- Begin gentle stretching as tolerated

Exercise
- Begin isotonic strengthening for rotator cuff, deltoid, and biceps/triceps

- Progress scapular stabilization exercises
- Light resistance bands

Phase IV: Return to Function (Weeks 11–14+)

Exercise

- Advance strengthening as tolerated
- Eccentric and concentric exercises for upper extremity
- Sport/work specific functional training
- Return to high function ADLs and simulation of work environment

Return to Activity

- Full return to activities when radiographic healing is confirmed and functional goals are met
- Contact sports require physician clearance