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## **NON-OPERATIVE GREATER TUBEROSITY FRACTURE PHYSICAL THERAPY PRESCRIPTION**

**Diagnosis: s/p Greater Tuberosity Fracture**

### **General Principles of Rehabilitation for Fractures**

Treat the patient not the fracture

Move all joints that are not immobilized

Prevent disuse atrophy

Use gravity to assist in mobilizing a joint

Avoid exercises which reproduce the mechanism of injury

Early intervention is the key to a successful recovery

### **Phase I (Weeks 1-6) Early Mobility**

Abduction sling worn during the day and night for 4 weeks, wean from sling at 4 weeks if healing

Begin immediate Pendulum exercises on week 2

Neck ROM exercises

Elbow, wrist, and hand ROM exercises

Scapular exercises-shrugs, squeezes, and PNF

Immediate PROM in supine position – passive ER to neutral only, supine passive arm elevation (limit to 90° weeks 3-4 and 120° weeks 5-6)

Pulleys

Modalities for pain and swelling

### **Phase II (Week 6) AROM**

AROM, sub-max isometrics, and scapular PRE's < 2 lbs at 6 weeks

AROM based on radiographic evidence of healing

Active shoulder ROM exercises in supine and progress to standing or sitting

Sub-maximal Isometric exercises of the deltoid and rotator cuff muscles

Continue passive ROM and scapular exercises

### **Phase III (Weeks 7-11) Strength and Function**

Continue AROM, PROM, shoulder isometrics and scapular PRE's

### **Phase IV (Weeks 12+) Return to Normal Function**

Initiate isotonic exercises starting with therabands and progressing to weights after week 12

Upper extremity PNF

Concentrate on RTC and scapular strength

Advanced progressive resistance exercises

Progress to overhead exercises

Plyometrics and muscle coordination exercises

Push end range of motion

Glenohumeral joint mobilizations