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ORIF OF GREATER TUBEROSITY FRACTURE PHYSICAL THERAPY PRESCRIPTION

Diagnosis: s/p ORIF of 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 4-6 weeks, except for home exercise program
- Begin immediate Pendulum exercises
- 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 1-4 and 120° weeks 5-6)
- Pulleys
- Modalities for pain and swelling

Phase II (Week 6) AROM

- Wean from sling usually at 6 weeks and discontinue it if physician allows
- AROM, sub-max isometrics, and scapular PRE's < 5 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