

UCLA OUTPATIENT REHABILITATION SERVICES	
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**NON-OPERATIVE GREATER TUBEROSITY FRACTURE PHYSICAL THERAPY
PRESCRIPTION**

**Diagnosis: s/p (LEFT / RIGHT) Greater Tuberosity Fracture
Date of Injury: _____**

General Principles of Rehabilitation for Fractures

- FORMCHECKBOX Treat the patient not the fracture
- FORMCHECKBOX Move all joints that are not immobilized
- FORMCHECKBOX Prevent disuse atrophy
- FORMCHECKBOX Use gravity to assist in mobilizing a joint
- FORMCHECKBOX Avoid exercises which reproduce the mechanism of injury
- FORMCHECKBOX Early intervention is the key to a successful recovery

Phase I (Weeks 1-6) Early Mobility

- FORMCHECKBOX Abduction sling worn during the day and night for 4 weeks, wean from sling at 4 weeks if healing
- FORMCHECKBOX Begin immediate Pendulum exercises on week 2
- FORMCHECKBOX Neck ROM exercises
- FORMCHECKBOX Elbow, wrist, and hand ROM exercises
- FORMCHECKBOX Scapular exercises-shrugs, squeezes, and PNF
- FORMCHECKBOX 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)
- FORMCHECKBOX Pulleys
- FORMCHECKBOX Modalities for pain and swelling

Phase II (Week 6) AROM

- FORMCHECKBOX AROM, sub-max isometrics, and scapular PRE's < 2 lbs at 6 weeks
- FORMCHECKBOX AROM based on radiographic evidence of healing
- FORMCHECKBOX Active shoulder ROM exercises in supine and progress to standing or sitting
- FORMCHECKBOX Sub-maximal Isometric exercises of the deltoid and rotator cuff muscles
- FORMCHECKBOX Continue passive ROM and scapular exercises

Phase III (Weeks 7-11) Strength and Function

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

Phase IV (Weeks 12+) Return to Normal Function

- FORMCHECKBOX Initiate isotonic exercises starting with therabands and progressing to weights after week 12
- FORMCHECKBOX Upper extremity PNF
- FORMCHECKBOX Concentrate on RTC and scapular strength
- FORMCHECKBOX Advanced progressive resistance exercises
- FORMCHECKBOX Progress to overhead exercises
- FORMCHECKBOX Plyometrics and muscle coordination exercises
- FORMCHECKBOX Push end range of motion
- FORMCHECKBOX Glenohumeral joint mobilizations

Treatment: _____ **times per week** **Duration:** _____ **weeks** ____ **Home**
Program

**Please send progress notes.

Physician's Signature: _____ **Date:** _____

Kristofer J. Jones, M.D., Attending Orthopaedic Surgeon

Place label here

NAME OF PATIENT: _____

MRN: _____

Kristofer J. Jones, M.D.

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