

SHOULDER PHYSIOTHERAPY REFERRAL

Surgical Neck of Humerus Fracture

Dear Physiotherapist,
Thank you for seeing:

Injury Date:

Diagnosis: Left / Right SNOH#

Treatment Required: Could you please commence the following: **Wean sling from 3 weeks after injury**

| <u>SHOULDER</u> | | Days | Weeks |
|------------------------|--|-------------|--------------|
| ROM | Passive closed chain passive desk slide exercises | | 3 |
| | Forward elevation - Passive supine | | 3 |
| | - Active assisted | | 4 |
| | - Active supine | | 5 |
| | - Active erect | | 6 |
| | External rotation - Passive | | 3 |
| | - Active | | 3 |
| | IR / Posterior capsular stretch | | 6 |
| Strength | Light ER in adduction therapy (<40% max) | | 10 |
| | Non weight-bearing scapular stabilisation | | 3 |
| | Lifting limit of 1kg until: (Then add 1kg/week as tolerated) | | 10 |
| <u>ELBOW</u> | | | |
| ROM | Passive | 1 | |
| | Active | | 2 |

Please notify me by phone, fax or email if you have concerns re:

- Excessive pain
- Excessive stiffness
- Concerns about compliance.

With thanks

Dr Alan Dao Date: _____