

HUMERUS FX ORIF PROTOCOL

(PROXIMAL, MIDSHAFT, or DISTAL ORIF)

Dr. Sean Griffin

Weeks 1-4

- Wear the sling full time for 2 weeks, and then only wear when outside the home for 4 more weeks.
- Sleep with arm out of sling, straight on pillows with arm elevated for edema reduction.
- Avoid IR behind the back, lifting more than 1-2 lbs, and horizontal adduction.
- No aggressive or forced passive range of motion until x-rays show full union of fracture.
- Range of motion: passive flexion and abduction to 90°, ER as tolerated at 0° abduction, IR to as tolerated. ****NO AGGRESSIVE or FORCED ROTATION!****
- Exercises:
 - Cervical range of motion as tolerated.
 - Elbow, wrist, and hand range of motion as tolerated.
 - Active elbow flexion and extension as tolerated.
 - Shoulder shrugs and scapular retraction (preventing shoulder extension)
 - Wall walking or table slides for flexion and abduction as tolerated.
- Ice and modalities as needed for pain and swelling.

Weeks 4-6

- Discontinue use of the sling completely at week 6.
- Range of motion as tolerated in all planes; No aggressive or forced passive range of motion until x-rays show full union of fracture.
- Exercises:
 - Begin no-load serratus exercise at 5-6 weeks.
 - Advance to passive multi-plane pulley when 120° flexion is achieved in supine.
 - Begin limited range, no resisted active ER and IR with towel roll
 - Submaximal isometrics as tolerated.
- If pain level is not decreasing, decreased intensity and volume of exercise
- Modalities for pain, as needed

Weeks 6-9

- Range of motion as tolerated in all planes.
- Begin posterior capsule stretches. *No inferior or anterior GH mobilization.*
- Exercises:
 - Begin UBE, below shoulder level

- Progress scapular strengthening
- Supine kinesthetic awareness exercise in ER/IR only, low load
- Begin rows with theraband, but not beyond plane of body
- Advance pulley to active assisted in multiple planes.
- Begin light Theraband resistance for IR, ER, flexion, abduction, biceps and triceps and advance as tolerated.
- Begin strengthening exercises only if overall pain level is low
- Modalities for pain as needed.

Weeks 9-12

- Continue stretches towards normal ROM
- Continue posterior capsule stretches as needed
- Exercises:
 - Increase resistance with Theraband exercises as tolerated
 - Begin supine, low intensity rhythmic stabilization at 110-120° flexion for rotator cuff and deltoid co-contraction.
 - Advance kinesthetic awareness exercise to multi-angle and gradually work from short to long lever arm
 - CKC progression: quadruped, ball compression, wall push ups, knee push ups. May add perturbations from therapist in each position.
- Progress only without increase signs of inflammation
- Modalities as needed for pain

3-6 Months

- Continue stretches and mobilizations as needed to maintain full ROM
- Exercises:
 - Advance strengthening for rotator cuff, low weight, increasing reps
 - Advance scapular exercises
 - Advance strengthening for the rest of the upper extremity
 - No overhead lifting until 4-6 months post op.
 - Progress to light work simulation at 4-5 months or as requested by physician
 - Sports specific training