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