REHABILITATION GUIDELINES FOR PROXIMAL HUMERUS FRACTURE - ORIF

PHASE I (1-3 WEEKS) DATES:

Appointments	• Begin physical therapy at 1 week post op, 2 x/week • Follow up with MD 10-14 days post op. .
Rehabilitation Goals	• Protect repair • Minimize pain and swelling • Maintain ROM of surrounding joints • Prevent adhesive capsulitis • Minimize cardiovascular deconditioning
Precautions	• Sling at all times or per MD • No AROM, lifting, pushing, pulling x 6 weeks • No ER > 40 degrees or excessive shoulder EXT x 6 weeks • No supporting of body weight
Suggested Therapeutic Exercises	• PROM of shoulder: - Flexion to 90 degrees - ER to 30 degrees - IR to tolerance (no behind back) • Scapular clocks: - Elevation, depression, retraction, protraction • Pendulums (Codman's) • Incision mobilization • Cervical, hand, wrist, elbow AROM – thumb to shoulder, make fist
Cardiovascular Exercises	• Stationary bike in sling
Progression Criteria	• Per X-ray evidence of healing • PROM flexion to 90 degrees, ER to 30 degrees

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PHASE II (WEEKS 3-6) DATES:

Appointments	Continue physical therapy 2 x/week
Rehabilitation Goals	• Regain PROM • Gentle functional use • No resistance
Precautions	• Sling and ROM limitations per MD • No IR/ER • No driving • No pushing, pulling, lifting • No cuff strengthening
Suggested Therapeutic Exercises	• PROM in scapular plane (no hand behind back IR) • AAROM: - flexion to 90 degrees - ER to 40 degrees • Pulleys • AROM of elbow, wrist and hand • Continue scapular isometrics and clocks • Grade I-II GH and scapular mobilizations
Cardiovascular Exercises	• Cardiovascular conditioning in sling per MD • UBE no resistance • Stationary bike • Pool at week 3 for ROM maintaining MD ROM limits
Progression Criteria	• Per X-ray evidence of healing • AAROM flexion to 90 degrees, ER to 40 degrees

PHASE III (WEEKS 6-12) DATES:

Appointments	• Continue physical therapy 2 x/week, may decrease to 1 x week per PT discretion

(Phase III continued) Rehabilitation Goals	• Regain full PROM
Precautions	• Sling use per MD based on x-ray evidence of healing • May begin driving • 20 # weight limit • No pushing or pulling • No overhead activity
Suggested Therapeutic Exercises	• Continue PROM/AAROM/AROM cervical, shoulder, elbow, wrist and hand • Pec minor stretching to minimize scapular protraction with flexion • Submaximal isometric RTC exercises at 6 weeks • Progressive isotonic RTC exercises at 8 weeks, low weights, high reps • Grade III-IV GH and scapular mobilizations at 8 weeks • Posterior scapular stretching at 8 weeks if needed • General UE strengthening at 10 weeks
Cardiovascular Exercises	• UBE with light resistance • Stationary bike • Swimming per MD
Progression Criteria	• Advance to work/sport specific conditioning once AROM is = bilateral and strength is 4+/5 in all directions

PHASE IV (WEEKS 12 +) DATES:

Appointments	Continue physical therapy 1 x/week
Rehabilitation Goals	• Full ROM in all planes • Transition to HEP
Precautions	• Per MD but generally no lifting, pushing or pulling precautions at this point • No overhead lifting until 4-6 months post op

REHABILITATION GUIDELINES FOR
PROXIMAL HUMERUS FRACTURE - ORIF

Suggested Therapeutic Exercises (Phase IV continued) Suggested Therapeutic Exercsies	• AROM of cervical shoulder, elbow, wrist and hand emphasizing end ROM • GH and scapular joint mobilizations as needed Pec minor stretching • Posterior capsule stretching • Anterior deltoid strength and scapular stabilization • General UE strengthening
Cardiovascular Exercises	• No restrictions
Progression Criteria	• DC to HEP

References:

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