LAKESHORE
Bone & Joint Institute

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ORIF Proximal Humerus Protocol

Name _____ **Date** _____

Procedure _____

Procedure Date _____

Frequency 1 2 3 4 5 times/week **Duration** 1 2 3 4 5 6 weeks

Dressing should be changed at first post op visit using ***sterile*** technique. Total joint surgical incisions are typically closed with skin staples. This includes sterile field, sterile gloves, betadine or chlorhexidine skin cleanser and sterile supplies when redressing the wounds. Patients are sent home from surgery with an extra dressing for the therapist to use for first dressing change. When staples are removed, they should be removed with a sterile staple remover.

Sling: Wear sling for at least 3 weeks. Sling should be taken off at least four times per day to perform exercises and daily activities such as eating, dressing, and bathing

	Rehabilitation Goals	**Precautions**	**Interventions**	**Criteria to Progress**
Phase 1 Weeks1-4	1. Minimize pain and inflammatory response 2. Protect fracture and optimize bony healing 3. Restore shoulder passive range of motion (PROM) 4. Maintain elbow, wrist and hand function	1. No abduction past 90 degrees Shoulder ER 0-40 degrees 2. No lifting greater than 1lb 3. No driving until adequate ROM, sling is discharged, and no narcotic pain medication is being used	1. Cryotherapy and Modalities as indicated 2. Shoulder PROM 3. Shoulder pendulums 4. Elbow, wrist and hand AROM 5. Ball squeezes 6. Scapular retraction and	1. Wean from sling at 4 weeks 2. Adequate pain control 3. Full elbow AROM 4. Shoulder PROM flexion to 140 degrees, ER to 40 degrees, abduction to 90 degrees

		4. No motions into painful ranges	mobility exercises	
Phase 2 Weeks 4-8	1. Full shoulder PROM 2. Initiate shoulder active assisted range and active range of motion (AAROM/AROM) 3. Start active range of motion at 6weeks 4. Initiate gentle elbow isotonic strengthening 5. Initiate shoulder isometrics 6. Minimize compensatory motions of involved upper extremity 7. Encourage return to normal ADL's within lifting precautions	1. No lifting greater than 2lbs before 6 weeks 2. Start shoulder AROM at 6 weeks post-op 3. No forceful end range over pressure to involved shoulder 4. No isotonic strengthening of the shoulder	**AAROM** -Lawn chair progression -Table slides, rail slides, wall slides -Pulleys **AROM** -Supine shoulder AROM flexion -Side-lying shoulder ER with towel roll under arm -Side-lying shoulder abduction to 90 -Side-lying shoulder flexion -Low punch **Strengthening** **-**Shoulder isometric flexion, Shoulder isometric extension, Shoulder isometric IR, Shoulder isometric ER -Biceps curls -Triceps extension -Prone Rows	1. Full Shoulder PROM 2. Full elbow AROM 3. Adequate pain control 4. Good tolerance to shoulder isometrics and elbow strengthening
Phase 3 Weeks 8-12	1. Full shoulder AROM	1. No lifting greater than 10lbs	**AAROM** -Standing shoulder	1. Full shoulder AROM with appropriate mechanics

	2. Initiate shoulder strengthening 3. Progress elbow and wrist strengthening 4. Adequate pain control	2. No painful or forceful stretching 3. No excessive weight bearing on involved extremity	flexion with dowel -Standing shoulder abduction with dowel **AROM** -Standing shoulder elevation -Standing shoulder PNF diagonals -Prone I, Prone Y, Prone T **Stretching** **-**Doorway Stretch -Pec/biceps stretch -Cross body stretch **Strengthening** – Rows -Straight arm pull-down - Resisted shoulder ER, Resisted shoulder IR: neutral shoulder position -Low punch with resistance -Supine shoulder protraction	2. No pain or compensatory strategies with strengthening exercises
Phase 4 >week 12	1. Progress shoulder strength with heavier resistance and compound movements		**Strengthening** -Rhythmic stabilizations -Push up progression: Wall, counter	1. 80% or > strength of involved upper extremity compared to uninvolved arm with dynamometry testing

	2. Return to normal functional activities 3. Continue to improve shoulder ROM if needed		top, knees, high plank -High plank stability progression -Scaption raises -Resisted shoulder diagonals -Resisted shoulder ER @ 90 deg, Resisted shoulder IR @ 90 deg -Quadruped stability progression -Shoulder plyometrics -Interval return to sports training if appropriate	2. No pain with progressive strengthening exercises 3. Low level to no disability score on patient reported outcome measure (e.g. Quick DASH)

Comments:

Teach HEP_____

Modalities PRN

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature_____ Date _____