LAKESHORE
BONE & JOINT INSTITUTE
ORTHOPEDIC EXCELLENCE. KEEPING YOU IN MOTION.

Neel P. Jain, MD
Orthopedic Surgery
Sports Medicine
Direct Line (219) 250 - 5038
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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

FIRST THERAPY VISIT

- Therapy appointment should be scheduled for 3-5 days postoperatively.
- Goals of therapy visit include:
  - Surgical site evaluation (see below for instructions)
  - Brace/sling education and adjustment as needed
  - Review of therapy protocol, expectations, and plan
  - Initiation of early phase therapy ONLY if applicable (follow protocol as outlined below)
- Surgical site evaluation
  - Incisions are closed with one or combination of below methods
    - Staples
    - Nylon sutures (black sutures)
    - Monocryl sutures covered with steristrips or glue
    - Prineo dressing (clear adherent glue dressing)
- Dressing Care:
  - Wash hands with antibacterial soap before changing or examining the dressing.
  - If a **Tegaderm dressing** is present near the armpit, **DO NOT REMOVE IT**—this should remain intact until the first physician appointment. The rest of the dressing may be changed as instructed below.
  - There will be gauze and padding over the incisions, and the extremity may be wrapped with an ACE wrap.
  - The therapist should **change the surgical dressing using sterile technique,** which includes:
    - Sterile field
    - Sterile gloves
    - Betadine or chlorhexidine skin cleanser
    - Sterile supplies
  - **Do NOT remove** Steri-Strips, glue dressing, sutures, or staples.
  - The new dressing should include dry gauze and tape/ACE wrap. If there is a prineo dressing, no covering is needed. Ensure wounds are clean and dry before applying a new dressing, without removing Steri-Strips or glue.
  - Do **not** use **Tegaderm** unless it was applied during surgery or specifically stated in the orders.

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If there are any concerns regarding the incisions or dressings, the therapist should call the office immediately at (219) 250-5038.

- Post-Op Incision Care
  - **Unless otherwise instructed, incisions must remain dry for seven days.**
  - **Showering:**
  - The incisions must be **sealed off in the shower** until cleared by the physician.
  - Prineo and glue dressings are water-resistant, and **incisions covered by these dressings may get wet after 3-5 days** (minimize water exposure).
  - **Do NOT scrub the area.** Instead, gently rinse with warm, soapy water.
  - Pat dry with a clean towel and **avoid lotions or creams.**
  - **Do NOT soak** in a **pool, bath, or hot tub** until cleared by the surgeon.
  - Wear **clean clothes** after showering and avoid pet hair or other contaminants near the surgical site.
  - **Do NOT apply ointments or medications** to the surgical area.

*****Range of motion is an important progression of therapy, but limiting swelling is important. Respecting swelling will decrease pain and improve motion.*****

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 4. No motions into painful ranges	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 mobility exercises	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
Phase 2 Weeks 4-8	1. Full shoulder PROM	1. No lifting greater than	**AAROM**	1. Full Shoulder PROM

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	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	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	-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	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 2. Initiate shoulder strengthening 3. Progress elbow and wrist strengthening	1. No lifting greater than 10lbs 2. No painful or forceful stretching	**AAROM** -Standing shoulder flexion with dowel -Standing shoulder	1. Full shoulder AROM with appropriate mechanics 2. No pain or compensatory strategies with

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	4. Adequate pain control	3. No excessive weight bearing on involved extremity	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	strengthening exercises
Phase 4 >week 12	1. Progress shoulder strength with heavier resistance and compound movements		**Strengthening** - Rhythmic stabilizations -Push up progression: Wall, counter top, knees, high plank	1. 80% or > strength of involved upper extremity compared to uninvolved arm with dynamometry testing 2. No pain with progressive

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	2. Return to normal functional activities 3. Continue to improve shoulder ROM if needed		-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	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 _____