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## **Humeral Shaft Open Reduction Internal Fixation (ORIF) PT**

### **Phase 1 (1-3 weeks)**

Appointments

Begin physical therapy after first post-op appointment, 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

### **PHASE II (WEEKS 3-6)**

*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

ROM limits

Progression Criteria

Per X-ray evidence of healing

AAROM flexion to 90 degrees, ER to 40 degrees

**PHASE III (WEEKS 6-12)**

*Rehabilitation Goals*

Regain full PROM Precautions

**Sling use per MD based on x-ray evidence of healing (DC if progressing)**

May begin driving

20 lb 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 +)**

### *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

Suggested Therapeutic Exercises

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