

## Rehabilitation after Proximal Humerus ORIF

This protocol is intended to provide rough guidelines for clinicians and patients through the post operative course after ORIF of proximal humerus fractures. Specific interventions and details should be based on the needs on individual patients. Exam findings as well communications with the operative surgeon and intraoperative findings should always be factored into treatment.

If you have any questions, please do not hesitate to contact Dr. Kazemi.

### Phase I (Week 1-2):

- Focused on protection of repair, healing, and minimizing pain
- No AROM or PROM of the shoulder
- Pendulum exercises
- Elbow, wrist and hand exercises to assist with swelling control
- Sling to be worn at all times

### Phase II (Week 2-6)

- Focused on protection of repair, healing, and minimizing pain
- Start PROM exercises
- Pendulum exercises
- No AROM, No AAROM
- Table slides and pulleys are okay at the discretion of physical therapist and if patient is able to truly perform the exercises passively
- Continue with elbow, wrist and hand exercises
- Goal to have progression of motion week by week. It is not unusual to have FF around 90-100 and ER of about 10-20 degrees by the end of the phase II.
- Sling to be worn at all times

### Phase III (Week 6-12)

- Focus is still on ROM exercises
- Add AAROM and AROM exercises in addition to working on PROM
- Goal to have progression of motion week by week.
- Sling is discontinued at 6 weeks post op.

### Phase IV (Week 12+)

- Start focusing on strengthening exercises with continued work on ROM exercises
- Patient should be progressed symptomatically
- Can start sports specific training at the discretion of the physical therapist once strength is restored
- Return to sports and high demand activities generally at 20+ weeks
- Full recovery expected at around 12 months