

## Proximal Humerus ORIF Physical Therapy Postoperative Protocol

### Phase I: 0-6 weeks

- 1 visit per week, every day home program
- Sling is to be worn for sleep and otherwise worn only as desired
- Avoid any active shoulder motion for the first 4 weeks.
- Gentle passive shoulder motion in all planes without restrictions
- Gentle passive pendulum exercises should be started immediately to be performed 3 times a day
- Icing program, 3 to 5 times a day, 30 minutes each after exercises
- Please focus on normalizing scapulohumeral kinematics
- Active and passive range of motion of the neck, elbow, wrist and hand should be performed 5 times/day everyday

### Phase II: 6 weeks-3 months

- 2 to 3 visits per week, 5 times a week home program
- Continue all exercises in previous phase (as described above)
- Passive and active assisted ROM exercises in all planes of shoulder motion, as tolerated
- Periscapular strengthening and range of motion exercises should begin including shoulder shrugs and scapular retraction exercises
- Progress to active ROM once passive range of motion is full
- Isometric strengthening exercises can begin in this time period once active ROM adequate

### Phase III: 3-6 months

- 1 to 2 visits per week, with a home program 5 times a week.
- Continue exercises in previous phases (as described above)
- A strong emphasis on periscapular strengthening and range of motion exercises should continue with scapular protraction, retraction, and elevation
- Rotator cuff strengthening exercises (with bands and dumbbells) may begin once active range of motion is full

### Phase IV: 6-9 months

- 4 to 5 times a week home program. 1 to 2 visits per week to advance home program.
- Continue exercises in previous phases (as described above)
- Active shoulder girdle, rotator cuff, and periscapular muscle strengthening exercises are the focus of this period with the emphasis to regain full strength. Strengthening exercises should be high repetition, low weights with very light dumbbells and bands

### Discharge Criteria:

1. Maximize ROM
2. Full independent ADLs
3. Normal scapulohumeral rhythm >100 degrees elevation
4. Independent HEP

Comments:

Frequency: \_\_\_\_\_ times per week  
Signature: \_\_\_\_\_

Duration: \_\_\_\_\_ weeks  
Date: \_\_\_\_\_