



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

DISTAL HUMERUS OPEN REDUCTION INTERNAL FIXATION (ORIF)

PHYSICAL THERAPY PROTOCOL

Bryan M. Saltzman, M.D.

Chief, Division of Sports Medicine & Shoulder/Elbow Surgery
Indiana University Health Physicians
Assistant Professor of Orthopaedic Surgery, Indiana University
Sports Medicine, Cartilage Restoration, Shoulder/Elbow Surgery
IU Health Methodist Medical Plaza North (MSK) – 201 Pennsylvania Pkwy #100,
Carmel, IN 46280
IU Health Methodist Hospital – 1801 N Senate Ave, Indianapolis, IN 46202

317-944-9400 www.bryansaltzmanmd.com

Patient Name:	Date of Surgery:
<u>Procec</u>	dure: Right / Left Distal Humerus ORIF
Evaluate and Treat	Provide patient with home program
Frequency:	x/week x weeks



Phase I (0-6 wks): *NWB* and no resisted elbow flexion or forearm supination/pronation. No limits to early ROM which should be advanced as tolerated.

Weeks 0-1: No formal PT to allow wound healing.

- Post-op posterior elbow splint if applied should be worn until first post-op visit at 7-10 days.
- <u>Home exercises only</u>: If no splint is applied, perform gentle passive and AAROM elbow, as tolerated. Shoulder pendulums, finger and wrist ROM.

Weeks 1-6: Begin formal PT (2-3 x/wk).

- Splint/dressing is removed at first post-op visit. Sling should be worn in public and at night, but is not required at other times unless specified. No lifting with operative arm.
- ROM: Progress PROM → AAROM → AROM elbow and forearm, as tolerated. Home program 3x per day.
 - o Emphasis on achieving elbow flexion/extension.
- <u>Strengthening</u>: Cuff/periscapular/forearm isometrics via wrist flexion/extension; Avoid resisted elbow flexion, forearm rotation.

Phase II (6-12 wks): Begin aggressive passive ROM and gentle elbow strengthening.

- Sling is discontinued.
- <u>ROM</u>: Advance aggressive passive stretching at end-ranges, as tolerated. Home program for passive and active ROM. Goal: full, symmetric motion by 3 months. If a static-progressive brace is prescribed, it should be worn at all times except for hygiene or PT.
- Strengthening:
 - Progress cuff/periscapular and forearm isometrics → bands → light weights (1-5lbs) w/8-12 reps x 2-3 sets with elbow in brace. Only do 3x/week.
 - o Modalities per PT discretion

Phase III (3-12 months): Progress to sport/occupation-specific rehab.

- <u>ROM</u>: Unrestricted active and passive stretching at end ranges as tolerated.
- Strengthening/Activities:
 - o Continue bands/light weights as above, 3x/wk.
 - o Begin eccentrically resisted motions and closed chain upper extremity/forearm strengthening within pain-free limits.
 - o Progress to sport-specific/job-specific exercises at 4 months.
 - Depending on job requirements, may resume lifting once full-strength achieved and healing adequate (usually by 6-9 months).



, , ,	ve examined this patient and physical therapy is d_would not benefit from social services.
	Date:
Bryan M. Saltzman, MD	