



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

PROXIMAL 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:
	Procedure:	Right / Left	Proximal Humerus ORIF
Evaluate and Treat		_	_ Provide patient with home program
-	:	x/week x	weeks



- -No formal PT.
- -Wear sling at *all* times.
- -Maintenance motion at home (Codman shoulder swings, elbow/wrist ROM in sling 2-3 times per day)

sling	g 2-3 times per day)
-Star -Slir -Elb -Sup repa	rt formal PT ng at all times, except for hygiene/PT. ow and wrist ROM exercises out of the sling 3x/day pervised PROM within the following limits (based on intra-op security of the ir): a. forward elevation in the scapular plane b. IR with arm at side c. ER with arm at side d. Avoid abduction in the coronal plane. ntle deltoid and periscapular isometric exercises (avoid isolated rotator cuff fraction until after 8 wks as this may compromise repair)
-Dis -Lig prog toler -Ad	s – 3 months): Advance motion and gentle strengthening. continue sling if fracture healing adequate ht passive stretching at end ranges; begin active-assisted ROM and gradually gress beyond above ROM limits. After 8 wks, may progress to AROM as rated. wance deltoid and periscapular isometric strengthening. After 8 wks, may n light cuff isometrics with arm at side.
-Ter A+A -Ad 12 r avoi -@ a toss)	nonths): Achieve terminal motion and more aggressive strengthening. minal passive stretching at end ranges (especially posterior capsule); progress AROM in all planes. vance as tolerated from isometrics → bands → light weights (1-5lbs) w/8- eps x 2-3 sets for cuff, deltoid, scapular stabilizers (Only do this 3x/wk to d cuff tendonitis) 4.5 months, begin eccentrically resisted motions, plyometrics (weighted ball by, proprioception (body blade) and then progress as tolerated into sports- ded rehab and advanced conditioning
	Terral, I certify that I have examined this patient and physical therapy is ry. This patient wouldwould not benefit from social services. Date:

