

Proximal Humerus Fracture Rehabilitation Protocol
(open reduction internal fixation – ORIF)

- **Weeks: 0-6**
 - Goals: prevent stiffness, decrease swelling/inflammation, and protect fixation
 - Sling likely for 6 weeks, per physician's instructions
 - No active shoulder ROM until 6 weeks
 - No lifting greater than glass of water, cup of coffee; okay for phone, keyboard, etc.
 - Begin pendulum/Codman's exercise, postural correction exercises for trunk/upper extremity immediately
 - Start active ROM for ipsilateral elbow, wrist, hand, digits
 - Passive ROM as tolerated, not to exceed 90 deg forward elevation and abduction, 30 degrees internal rotation, 30 degrees internal rotation
 - Seated table slide for flexion or supine assisted shoulder flexion okay beginning week 2
 - Modalities as needed for muscle stimulation, pain control, swelling control
- **Weeks 6-12**
 - Goals: improved swelling and pain, increase ROM, begin strengthening
 - Advance to active-assist and active ROM in all planes of shoulder
 - Advance weight bearing per physician's instructions, usually 5-10 pound limit
 - Begin pulley use at 6 weeks
 - Begin light weight resistance exercises of scapular stabilizers, biceps, triceps, deltoid at 8 weeks
 - Begin rotator cuff strengthening exercises at 10-12 weeks
 - Emphasize importance of home exercise program
 - Modalities as needed for muscle stimulation, pain control, swelling control
- **Weeks 12+**
 - Goals: increase strength, return to work, sport, and/or pre-injury functional level with minimal to no restrictions
 - Advance weight bearing per physician's instructions, usually as tolerated without restriction
 - Initiate/continue progressive resistance exercises at light weight, high repetition
 - Emphasize rotator cuff and periscapular strengthening
 - Neuromuscular and proprioceptive training
 - Work on improving functional/ADL tasks as needed
 - Functional/work-specific/sport strengthening and training, if applicable
 - Customized HEP to continue once PT/OT is completed

