SPORTS MEDICINE ASSOCIATES
Any Athlete. Any Injury. Anytime.®

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# POST-OP PROXIMAL HUMERUS ORIF

PHASE I: IMMEDIATE POST-OP: INITIAL ROM (1-4 WEEKS AFTER SURGERY)

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| Rehabilitation Goals | • Minimize pain and inflammatory response<br>• Protect fracture and optimize bony healing<br>• Restore shoulder passive range of motion (PROM)<br>• Maintain elbow, wrist and hand function |
| Sling | • Wear sling for at least 3 weeks. Sling should be taken off at least four times per day to perform exercises and daily activities such as eating, dressing, and bathing |
| Precautions | • No abduction past 90 degrees<br>• Shoulder ER 0-40 degrees<br>• No lifting greater than 1lb<br>• No driving until adequate ROM, sling is discharged, and no narcotic pain medication is being used<br>• No motions into painful ranges |
| Interventions | *Pain/Swelling management*<br>• Cryotherapy and Modalities as indicated<br><br>*Range of motion/Mobility*<br>• Shoulder PROM<br>• Shoulder Pendulums<br>• Elbow, wrist and hand AROM<br><br>*Strengthening*<br>• Ball squeezes<br>• Scapular retraction and mobility exercises |
| Criteria to Progress | • Wean from sling at 4 weeks<br>• Adequate pain control<br>• Full elbow AROM<br>• Shoulder PROM flexion to 140 degrees, ER to 40 degrees, abduction to 90 degrees |

PHASE II: INTERMEDIATE POST-OP: AAROM AND AROM (4-8WEEKS AFTER SURGERY)

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| Rehabilitation Goals | • Full shoulder PROM<br>• Initiate shoulder active assisted range and active range of motion (AAROM/AROM)<br>• Start active range of motion at 6weeks<br>• Initiate gentle elbow isotonic strengthening |

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| | • Initiate shoulder isometrics<br>• Minimize compensatory motions of involved upper extremity<br>• Encourage return to normal ADL's within lifting precautions |
| Precautions | • No lifting greater than 2lbs before 6 weeks<br>• Start shoulder AROM at 6 weeks post-op<br>• No forceful end range over pressure to involved shoulder<br>• No isotonic strengthening of the shoulder |
| Additional Interventions<br>*Continue with Phase I interventions | *Range of motion/Mobility*<br>*AAROM*<br>• Lawn chair progression<br>• Table slides, rail slides, wall slides<br>• Pulleys<br><br>*AROM*<br>• Supine shoulder AROM flexion<br>• Side-lying shoulder ER with towel roll under arm<br>• Side-lying shoulder abduction to 90o<br>• Side-lying shoulder flexion<br>• Low punch<br><br>*Strengthening*<br>• Shoulder isometric flexion, Shoulder isometric extension, Shoulder isometric IR, Shoulder isometric ER<br>• Biceps curls<br>• Triceps extension<br>• Prone Rows |
| Criteria to Progress | • Full Shoulder PROM<br>• Full elbow AROM<br>• Adequate pain control<br>• Good tolerance to shoulder isometrics and elbow strengthening |

PHASE III: LATE POST-OP: INITIAL STRENGTHENING (8-12 WEEKS AFTER SURGERY)

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| Rehabilitation Goals | • Full shoulder AROM<br>• Initiate shoulder strengthening<br>• Progress elbow and wrist strengthening<br>• Adequate pain control |
| Precautions | • No lifting greater than 10lbs • No painful or forceful stretching • No excessive weight bearing on involved extremity |
| Additional Interventions<br>*Continue with Phase I-II interventions as indicated | *Range of motion/Mobility*<br>*AAROM*<br>• Standing shoulder flexion with dowel<br>• Standing shoulder abduction with dowel |

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| | *AROM*<br>• Standing shoulder elevation<br>• Standing shoulder PNF diagonals<br>• Prone I, Prone Y, Prone T<br><br>*Stretching*<br>• Doorway Stretch<br>• Pec/biceps stretch<br>• Cross body stretch<br><br>*Strengthening*<br>• Rows<br>• Straight arm pull-down<br>• Resisted shoulder ER, Resisted shoulder IR: neutral shoulder position<br>• Low punch with resistance<br>• Supine shoulder protraction |
| Criteria to Progress | • Full shoulder AROM with appropriate mechanics<br>• No pain or compensatory strategies with strengthening exercises |

PHASE IV: ADVANCED STRENGTHENING (12WEEKS AFTER SURGERY)

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| Rehabilitation Goals | • Progress shoulder strength with heavier resistance and compound movements<br>• Return to normal functional activities<br>• Continue to improve shoulder ROM if needed |
| Additional Interventions<br>*Continue with Phase II-III interventions as indicated | *Strengthening*<br>• Rhythmic stabilizations<br>• Push up progression: Wall, counter top, knees, high plank<br>• High plank stability progression<br>• Scaption raises<br>• Resisted shoulder diagonals<br>• Resisted shoulder ER @ 90 deg, Resisted shoulder IR @ 90 deg<br>• Quadruped stability progression<br>• Shoulder plyometrics<br>• Interval return to sports training if appropriate |
| Criteria to Progress | • 80% or > strength of involved upper extremity compared to uninvolved arm with dynamometry testing<br>• No pain with progressive strengthening exercises<br>• Low level to no disability score on patient reported outcome measure (e.g. Quick DASH) |