

Distal Humerus Fracture ORIF (Intra-articular) Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

Olecranon osteotomy: ☐ Triceps reflected / repaired: ☐ Ulnar nerve transposed: ☐	Other Precautions:
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Early motion is the priority; stiffness is the most common problem. Parameters above are patient-specific and supersede the general timeframes below; loading advances with radiographic healing and surgeon clearance.

Phase	Weight Bearing & Immobilization	Motion	Strengthening & Function
Phase 1 Weeks 0–2	Weight Bearing & Immobilization - Posterior splint until the first visit (≈7 to 10 days), then sling for comfort - Resting extension splint at night if extension is lagging - No lifting, pushing up, or weight bearing through the arm	Motion - AROM/AAROM elbow flexion; gravity-assisted extension - Forearm rotation AROM with elbow at 90° - Shoulder adducted during elbow work (no varus/valgus); no PROM If osteotomy or triceps repair: no active or resisted extension for 6 wks If ulnar nerve transposed: avoid sustained flexion >90° and pressure on the medial elbow	Strengthening & Function Grip; edema control
► Advance to Phase 2 when: incision healed, ROM progressing.			
Phase 2 Weeks 2–6	Weight Bearing & Immobilization - Sling as needed - Lifting ≤1 lb	Motion - Progress AROM/AAROM; goal functional arc (≈30–130°) by 6 wks - Gentle PROM; no forced stretching	Strengthening & Function - Shoulder and scapular strengthening (no load through the elbow) - Wrist and hand strengthening
► Advance to Phase 3 when: fixation maintained and healing on 6-wk radiographs.			
Phase 3 Weeks 6–12	Weight Bearing & Immobilization Lifting ≤5 lb, progress after 10 wks; weight bearing through the arm from 10 wks	Motion - Active extension against gravity; terminal stretching - Static progressive splinting if stiff and healing confirmed	Strengthening & Function - Elbow and forearm isometrics from 6 wks → isotonics from 8 wks - Triceps resistance from 8 wks (10 wks after osteotomy if not yet united)
► Full Release (typically 4–6 months): radiographic union (including osteotomy), functional pain-free arc, strength ≥80–90% of the other side, cleared by physician. Motion keeps improving to ≈6 months. Report new ulnar-sided numbness or weakness promptly.			

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.