

Humeral Shaft Fracture ORIF Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

No weight bearing through arm: ☐ **Other Precautions:**
Radial nerve palsy: ☐

Weight bearing through the arm on a walker or crutches is allowed unless checked above (immediate weight bearing after plating did not affect union). Parameters above are patient-specific and supersede the general timeframes below. Loading advances with radiographic healing and surgeon clearance. For periprosthetic fixation, the existing arthroplasty precautions also apply.

Phase	Weight Bearing & Immobilization	Motion	Strengthening & Function
Phase 1 Weeks 0–6	Weight Bearing & Immobilization - Sling for comfort 1–2 wks - Lifting ≤1–2 lb; no pushing or pulling - Weight bearing on a walker or crutches as tolerated If no weight bearing: no weight bearing through the arm until 6 wks If radial nerve palsy: resting wrist (cock-up) splint; maintain wrist and finger PROM	Motion - Shoulder, elbow, wrist, and hand AROM/AAROM immediately as tolerated - No forced stretching or resisted rotation through the arm	Strengthening & Function - Grip; submaximal shoulder and elbow isometrics from wks 2–3 - Edema and pain control
► Advance to Phase 2 when: progressive callus on 6-wk radiographs, near-full AROM.			
Phase 2 Weeks 6–12	Weight Bearing & Immobilization Lifting ≤10 lb; progress weight bearing through the arm as healing allows	Motion Full AROM in all planes; terminal stretching	Strengthening & Function - Shoulder and elbow strengthening (bands → weights) - Closed-chain upper-extremity work
► Advance to Phase 3 when: radiographic union, pain-free full ROM.			
Phase 3 Weeks 12+	Weight Bearing & Immobilization No restrictions once united	Motion Maintain full ROM	Strengthening & Function - Sport- and work-specific strengthening - Throwing and contact sport once united and strength ≥90%
► Full Release (typically 3–4 months): radiographic union, full pain-free ROM, strength ≥90% of the other side, cleared by physician. Report new wrist or finger extension weakness (radial nerve) 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.