

Proximal Humerus Fracture ORIF Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

Greater tuberosity fixation: ☐
Tenuous fixation / poor bone: ☐

Other Precautions:

Parameters above are patient-specific and supersede the general timeframes below. Motion and loading advance with radiographic healing and surgeon clearance.

Phase	Weight Bearing & Immobilization	Motion	Strengthening & Function
Phase 1 Weeks 0–6	Weight Bearing & Immobilization - Sling 4 wks, off for PT, hygiene, and exercises; wean by 6 wks - No lifting, pushing, or weight bearing through the arm If tenuous fixation: sling full time for 6 wks	Motion - Elbow, wrist, and hand AROM immediately - PROM from wk 1: pendulums, forward flexion to 120° (scapular plane), ER to 30° - AAROM from wks 3–4 within these limits If greater tuberosity: no active abduction or ER and no IR behind the back for 6 wks If tenuous fixation: PROM only; flexion ≤90°, ER ≤20° for 6 wks	Strengthening & Function - Scapular control program from wk 1 (setting, retraction, depression); grip - Submaximal deltoid isometrics from wk 4 (not with greater tuberosity fixation) - Edema and pain control
► Advance to Phase 2 when: fixation maintained and healing on 6-wk radiographs; PROM flexion ≥120°.			
Phase 2 Weeks 6–12	Weight Bearing & Immobilization - Sling discontinued - Lifting ≤5 lb; light closed-chain weight bearing from 8 wks	Motion - AROM in all planes; progress PROM to full - Gentle stretching, including IR behind the back	Strengthening & Function - Cuff, deltoid, and scapular isometrics → bands; progress scapular stabilization If greater tuberosity: resisted abduction and ER from 8 wks
► Advance to Phase 3 when: functional AROM without shrug, radiographic union.			
Phase 3 Weeks 12–24	Weight Bearing & Immobilization Lifting progressed by tolerance once united	Motion End-range stretching as needed	Strengthening & Function - Progressive strengthening (bands → weights) - Light sport ≈3 mo; overhead and heavier sport 4–6 mo
► Full Release (typically 4–6 months): radiographic union, functional pain-free ROM, cuff and deltoid strength ≥80–90% of the other side, cleared by physician. Report new pain, loss of motion, or mechanical symptoms (possible fixation failure).			

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.