Basin Orthopedic Surgical Specialists

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Rehabilitation Programs for ORIF Humeral Fractures with Locking Plate

General Principles of Rehabilitation for Fractures
- Treat the patient not the fracture
- Move all joints that are not immobilized
- Prevent disuse atrophy
- Use gravity to assist in mobilizing a joint
- Be aware of peripheral nerve palsy signs
- Avoid exercises which reproduce the mechanism of injury
- Early intervention is the key to a successful recovery

Rehabilitation Program for ORIF Humeral Fractures with Locking Plate
- Phase I- Early Mobility
- Phase II- AROM
- Phase III- Strength and Function
- Phase IV- Return to Normal Function

PHASE I   Weeks 1-6
- Sling worn during the day and night for 6 weeks, except for HEP
- Begin immediate Pendulum exercises
- Neck ROM exercises
- Elbow, wrist, and hand ROM exercises
- Scapular exercises-shrugs, squeezes, and PNF
- Immediate PROM in supine if fixation is secure
- Pulleys
- Modalities for pain and swelling

PHASE II   Week 6
- Wean from sling usually at 6 weeks and discontinue it if physician allows
- AROM, sub-max isometrics, and scapular PRE's < 5lbs at 6 weeks
- AROM based on radiographic evidence of healing
- Active shoulder ROM exercises in supine and progress to standing or sitting
- Sub-maximal Isometric exercises of the deltoid and rotator cuff muscles
- Continue passive ROM and scapular exercises

PHASE III   Weeks 7-11
- Continue AROM, PROM, shoulder isometrics and scapular PRE's

PHASE IV   Week 12+
- Initiate isotonic exercises starting with therabands and progressing to weights after week 12
- Upper extremity PNF
- Concentrate on RTC and scapular strength
- Advanced progressive resistance exercises
- Progress to overhead exercises
- Plyometrics and muscle coordination exercises
- Push end range of motion
- Glenohumeral joint mobilizations