

PROXIMAL HUMERUS ORIF PHYSICAL THERAPY REFERRAL

Patient Name: _____ Date: _____

PT /OT 2-3 visits per week for 10-12 weeks

Immediate Post-operative Period (Goal: Allow soft tissues to settle and allow Bony healing)

- Wear sling in public and to sleep
- Shoulder Pendulum ONLY. Full Elbow and Wrist ROM.
- **NO** extension x 6 weeks
- AAROM (wand, self-stretch)
- Ice 3-4x daily

7 Days-3 Weeks (Goal: Protect tuberosity and bony healing)

- **Wear sling in public x 5 weeks minimum**
- **NO Upper Body Exercises**
- Pendulum shoulder exercises
- PROM – FE: 0-60, Abd: 0-30
- **NO ACTIVE Internal Rotation, NO PASSIVE External Rotation**
- Ice following exercises

3 – 6 Weeks (Goal: full PROM (except ER) at END of 6th week, allow fractured tuberosities to heal)

- No resistive exercises
- No weights
- Active range of motion – supine (no weights)

6-12 Weeks (Goal: increase function and strength, increase ER ROM)

- Resistive exercises
- Therabands – home strengthening

>12Wks: Weights – 5-10 lbs

Signature _____ Date _____

Renew Therapy _____ Date _____