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CENTER FOR
Advanced Orthopedics
AND SPORTS MEDICINE



Physical Therapy Prescription – Distal Humerus Fracture ORIF

Name: _____ **Date:** _____

Diagnosis: R / L elbow Distal Humerus ORIF **Date of Surgery:** _____

Frequency: 2-3 times per week for _____ weeks

STRESS IMPORTANCE OF HOME EXERCISES AT LEAST 3-4 TIMES PER DAY

Weeks 0-3

Elbow in POSTOP posterior mold splint x 1 week or until first Post op/therapy visit
Appointment to be scheduled with Hand Therapist for incision check and begin therapy
Transition to removable splint or Velcro brace
ROM: Passive extension to 0° as tolerated
Active flexion to 90° as tolerated
Progress to full Supination/Pronation
Shoulder/wrist/hand exercises encouraged
Edema control/scar management
Avoid active elbow extension x 6 wks postop

Weeks 3-6

Continue splint unless doing exercises and hygiene
ROM: Passive extension to 0° as tolerated
Active/Passive flexion may increase by 10° per week as tolerated
Progress to full Supination/Pronation
Progress to active/active assist ROM
Begin wrist, forearm, and hand/finger strengthening exercises

Weeks 6-10

Wean from brace once fracture healing on XRAY (6-8 wks)
May begin static progressive splinting if failure to achieve >100 degree arc ROM by 8 wks
Begin active elbow extension
Progress with strengthening slowly
-5 lbs lifting restriction at 6wks
-15 lbs lifting restriction at 8 wks
Transition to HEP by 8-10 wks

Weeks 10-12+

Gradually return to light activity and exercise
No further activity restrictions after 12 weeks

Physician Signature: _____

Date: _____

For more orthopedic information and rehab protocols visit www.drsiwiec.com