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CENTER FOR
Advanced Orthopedics
AND SPORTS MEDICINE



Physical Therapy Prescription – Humeral Shaft ORIF

Name: _____ **Date:** _____

Diagnosis: R / L Humeral shaft ORIF **Date of Surgery:** _____

Frequency: 2-3 times per week for _____ weeks

Weeks 0-4

- Immobilization:** Sling/Immobilizer with abduction pillow
Wear continuously except for therapy, home exercises, and personal hygiene.
- Restrictions:** No strengthening. Avoid aggressive stretching and rotational stress.
Limit ER to neutral and IR to chest
- Exercises:** Gripping, elbow, wrist, and finger ROM.
Shoulder Pendulums,
PROM/AAROM/AROM for shoulder should be SLOW progression
Instruct on Home Exercise Program twice daily. Modalities as needed.

Weeks 4-8

- Immobilization:** Discontinue sling first at home then in community.
- Restrictions:** No strengthening until fracture healing on XRAY
Avoid pain. Stretch to tolerable discomfort only.
- Exercises:** Gradually increase ROM. Stretching should be slow while avoiding pain. Modalities as needed.

Week 8- 12

- Immobilization:** None
- Restrictions:** Exercises advanced slow increments while avoiding pain.
FF-none, ABD-none, IR – S1, ER-20deg
- Exercises:** @ 8 weeks shoulder isometric strengthening
@ 10 weeks add shoulder resistance strengthening

Month 3-8

- Restrictions:** None. Advance progressively while avoiding pain.
- Exercises:** ROM should be >85% normal
@16 weeks Aggressive upper body strengthening
@ 18 weeks plyometric training for athletes / exercises simulating work requirements
- Return to throwing at 6 months
Throwing from pitchers mound at 9 months
Collision sports (football, hockey, rugby) at 9 months
MMI is usually at 12 months post-op

Physician Signature: _____ Date: _____

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