



DISTAL HUMERUS OPEN REDUCTION INTERNAL FIXATION (ORIF) Physical Therapy Protocol

Patient Name: _____ Date of Surgery: _____

Procedure: Right / Left Distal Humerus ORIF

***Associated osseous procedure (circled if applicable): Osseous Bankart Repair

___ Evaluate and Treat – no open chain or isokinetic exercises

___ Provide patient with home exercise program

Frequency: _____ x/week x _____ weeks

___ **Phase I (0-6 weeks):**

NWB and no resisted elbow flexion or forearm supination/pronation. No limits to early ROM which should be advanced as tolerated.

• **Weeks 0-1: No formal PT to allow wound healing.**

- Post-op posterior elbow splint – if applied - should be worn until first post-op visit at 7-10 days.
- Home exercises only: If no splint is applied, perform gentle passive and AAROM elbow, as tolerated. Shoulder pendulums, finger and wrist ROM.

• **Weeks 1-6: Begin formal PT (2-3 x/week).**

- Splint/dressing is removed at first post-op visit. Sling should be worn in public and at night, but is not required at other times unless specified. No lifting with operative arm.
- **ROM:** Progress PROM → AAROM → AROM elbow and forearm, as tolerated.
Home program 3x per day.
 - Emphasis on achieving elbow flexion/extension.
- **Strengthening:** Cuff/periscapular/forearm isometrics via wrist flexion/extension; Avoid resisted elbow flexion, forearm rotation.

___ **Phase II (6-12 weeks): Begin aggressive passive ROM and gentle elbow strengthening.**

- Sling is discontinued.
- **ROM:** Advance aggressive passive stretching at end-ranges, as tolerated. Home program for passive and active ROM. Goal: full, symmetric motion by 3 months. If a static-progressive brace is prescribed, it should be worn at all times except for hygiene or PT.
- **Strengthening:**
 - Progress cuff/periscapular and forearm isometrics → bands → light weights (1-5 lbs) w/8-12 reps x 2-3 sets with elbow in brace. Only do 3x/week.
 - Modalities per PT discretion.

_____ **Phase III (3-12 Months): Progress to sport/occupation-specific rehab.**

- **ROM:** Unrestricted active and passive stretching at end ranges as tolerated.
- **Strengthening/Activities:**
 - Continue bands/light weights as above, 3x/week.
 - Begin eccentrically resisted motions and closed chain upper extremity/forearm strengthening within pain-free limits.
 - Progress to sport-specific/job-specific exercises at 4 months.
 - Depending on job requirements, may resume lifting once full-strength achieved and healing adequate (usually by 6-9 months).

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.

This patient _____ would _____ would not benefit from social services.

Physician Name: _____ Date: _____