EDWARDS ORTHOPEDICS
Advanced Orthopedic Surgery, Close to Home.
Dr. Chad Edwards, Orthopedic Surgeon

2120 Idaho St | Elko, NV 89801
(775) 235-8566 | Fax 775-360-3602
OrthoElko.com

POST-OPERATIVE REHABILITATION PROTOCOL

Humeral Shaft Fracture ORIF

Early protected shoulder/elbow motion with loading advanced after radiographic healing

PATIENT	SURGERY DATE	SIDE / PROCEDURE NOTES
_____	_____	_____

HOW TO USE THIS PROTOCOL Time frames are guides, not deadlines. Progress only when the phase criteria are met and the knee/arm is not reacting with increased pain or swelling. Dr. Edwards' written instructions always take priority.

SCOPE This handout is limited to humeral shaft fixation. Use the separate proximal-humerus protocol for proximal fractures; distal-humerus fixation needs an elbow-specific plan.

STOP AND CALL: fever/chills, increasing redness or drainage, uncontrolled pain, new or worsening numbness/weakness, calf pain/swelling, chest pain, or shortness of breath. Call 911 for an emergency.

KEY RESTRICTIONS AT A GLANCE

TIME	PROTECTION / WEIGHT BEARING	MOTION / LOADING
0-2 weeks	Sling for protection; 1-2 lb maximum	Elbow/wrist/hand motion; gentle shoulder motion within limits
2-6 weeks	Wean sling gradually; no forced ROM	Progress assisted motion and submaximal isometrics
6-12 weeks	Loading only after healing is confirmed	Restore active motion; begin light resistance
3-6 months	No overhead/heavy work until cleared	Progress endurance and work/sport simulation

PHASE-BY-PHASE PLAN

Phase 1 | Protection (0-2 weeks)

- **Priorities:** Control pain/swelling; protect fixation; prevent elbow, wrist, and hand stiffness.
- **Protection:** Wear the sling as directed. No lifting over 1-2 lb, no forced rotation, no internal rotation behind the back, and no aggressive passive motion.
- **Therapy focus:** Cervical, elbow, wrist, and hand ROM; grip; scapular retraction without shoulder extension; table slides/wall-assisted elevation if cleared.

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- **Therapy focus:** Typical shoulder limit: passive flexion/abduction up to 90 degrees and gentle external rotation at the side.

Phase 2 | Restore motion (2-6 weeks)

- **Priorities:** Improve functional shoulder and elbow motion while healing continues.
- **Protection:** Wean the sling gradually and discontinue by about week 6 if comfortable. Continue to avoid forced ROM and lifting.
- **Therapy focus:** Progress passive and active-assisted motion, no-load serratus work, pain-free submaximal isometrics, and scapular control.
- **Therapy focus:** Reduce exercise volume if pain is increasing rather than settling.

Phase 3 | Strengthening after healing (6-12 weeks)

- **Priorities:** Restore active motion, scapulohumeral rhythm, and light upper-extremity strength.
- **Protection:** Do not begin meaningful resistance until radiographs show adequate healing and Dr. Edwards clears loading.
- **Therapy focus:** Progress AAROM to AROM, rows to neutral, light band internal/external rotation, biceps/triceps, rhythmic stabilization, and gentle closed-chain work.
- **Therapy focus:** Avoid inflammation or a decline in ROM after exercise.

Phase 4 | Functional recovery (3-6 months)

- **Priorities:** Restore strength, endurance, and job/recreation capacity.
- **Protection:** No overhead lifting or heavy work until healing and strength are confirmed.
- **Therapy focus:** Progress low-weight/high-repetition cuff, deltoid, scapular, and whole-arm strengthening; add work and sport simulation.
- **Therapy focus:** Return requires healed fracture, functional pain-free ROM, and task-appropriate strength.

GENERAL PROGRESSION RULE A mild exercise ache that resolves is acceptable. Back down and contact the care team if pain is sharp, swelling increases, motion is lost, gait/mechanics worsen, or symptoms remain elevated the next day.