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

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POST-OPERATIVE REHABILITATION PROTOCOL

Proximal Humerus Fracture ORIF

Protected passive motion followed by active motion and strengthening after fracture 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 Tuberosity repair, subscapularis repair, bone quality, and fixation stability determine ROM and loading. The operative order takes priority.

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
0-4 weeks	Sling full time; no active shoulder motion	Gentle passive motion; distal ROM
4-6 weeks	Continue protection	Begin assisted/active motion only if cleared
6-12 weeks	Wean sling	Restore active motion and periscapular strength; no cuff resistance yet
3-6 months	Load after healing confirmation	Low-weight strengthening and functional return

PHASE-BY-PHASE PLAN

Phase 1 | Fracture protection (0-4 weeks)

- **Priorities:** Control pain/swelling; protect fixation; maintain elbow, wrist, hand, and scapular function.
- **Protection:** Wear the sling as directed, including sleep. No active shoulder motion, lifting, pushing, pulling, or weight bearing through the arm.
- **Therapy focus:** Elbow/wrist/hand AROM, grip, neck motion, scapular setting, pendulums, and gentle passive forward elevation/external rotation.

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- **Therapy focus:** If the subscapularis was repaired, external rotation is commonly limited to 30 degrees. Do not force any plane.

Phase 2 | Assisted motion (4-6 weeks)

- **Priorities:** Progress painless passive motion and begin assisted/active motion only when fixation and healing allow.
- **Protection:** No rotator-cuff resistance and no heavy use.
- **Therapy focus:** Progress passive motion toward full as tolerated, begin pulleys/active-assisted elevation and gentle AROM if cleared, continue scapular work and submaximal isometrics.

Phase 3 | Active motion (6-12 weeks)

- **Priorities:** Wean sling; restore active elevation and scapulohumeral rhythm; improve daily function.
- **Protection:** Do not begin cuff strengthening until fracture healing is confirmed.
- **Therapy focus:** AAROM to AROM, posterior shoulder mobility as needed, low-load periscapular strength, trunk/core work, and aquatic therapy if incision is healed.
- **Therapy focus:** Advance only with low pain and no inflammatory response.

Phase 4 | Strength and return (3-6 months)

- **Priorities:** Restore cuff, deltoid, scapular strength/endurance and functional reach.
- **Protection:** Use low weight and high repetitions; avoid abrupt heavy overhead loading.
- **Therapy focus:** Begin internal/external rotation, serratus, deltoid, and scapular resistance after clearance; start at 1-3 lb and progress gradually toward 5 lb as mechanics remain normal.
- **Therapy focus:** Return requires healed fracture, functional 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.