



Matthew Gotlin, MD
159 East 74th Street
New York, NY 10021

REHAB PROTOCOL: ORIF Humeral Shaft

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I: 0-14 days

1. Sling
2. Non-weight bearing to operative extremity
3. Patient encouraged to move fingers and through full range of motion
4. Elevation and ice encouraged for edema control.

Phase II: 3-6 weeks

1. Continue non-weight bearing activities: May type and write. No lifting, pushing, pulling, or driving/ operating
2. Wrist and hand-active range of motion
3. Shoulder: Passive ROM in forward elevation; avoid rotation and excessive force
4. Elbow: Passive ROM in all planes; avoid excessive force
5. Edema control
6. Modalities prn
7. Home exercise program

Phase III: 7-12 weeks

1. Full ROM of shoulder and elbow after clearance by MD
2. No heavy lifting, pushing or pulling
3. Home exercise program

Phase IV: 3 months and beyond

1. Allow unrestricted activity with the upper extremity

159 East 74th Street
New York, NY 10021
Tel: 212-737-3301 Fax: 212-734-0407

2 Overhill Rd, Suite 310
Scarsdale, NY 10583
Tel: 914-725-6970 Fax: 914-725-6972

1600 Stewart Ave, Suite 100
Westbury, NY 11590
Tel: 516-243-8506 Fax: 212-734-0407

1870 Richmond Road
Staten Island, NY 10306
Tel: 718-285-7118 Fax: 212-734-0407

161 Atlantic Avenue
Brooklyn, NY 11201
Tel: 212-737-3301 Fax: 212-734-0407

200 West 13th Street, 6th Floor
New York, NY 10077
Tel: 212-737-3301 Fax: 212-734-0407

9226 Kennedy Boulevard
North Bergen, NJ 07047
Tel: 212-737-3301 Fax: 212-734-0407

2. Gradually introduce heavy lifting
3. Avoid contact sports till 6 months

Modalities

- ◇ Heat and Ice
- ◇ Ultrasound
- ◇ Iontophoresis
- ◇ Phonophoresis
- ◇ Therapists' discretion
- ◇ TENS
- ◇ Trigger point massage

Evaluation and others

- ◇ Teach home exercise program

Comments:

Frequency: 2 times per week

Duration: 12 weeks

Signature: _____

Date: _____