ROBERT PETTIT, MD

Restoring Function. Maximizing Performance.

ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

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PHYSICAL THERAPY PROTOCOL — FOR THE TREATING THERAPIST

Humeral Shaft Fracture — ORIF (Plate)

Rehabilitation guideline — individualize per operative note and surgeon instruction · Questions: (513) 441-5639

PRECAUTIONS

- No resisted elbow extension or arm loading until radiographic healing (~6 wk).
- Radial nerve surveillance every visit: wrist/finger extension, dorsal hand sensation — document and report changes.
- Sling weaning 2–4 wk per comfort.

PHASED PROGRESSION

Phase	WB / Protection	Goals & Interventions	Criteria to Progress
0–2 wk	Sling for comfort	Pendulums, elbow/wrist/hand AROM, grip, scapular setting, edema control	Pain-controlled; nerve exam stable
2–6 wk	Sling weaning; no lifting	Shoulder AROM progression (supine→upright), pulleys, isometrics pain-free	Near-full shoulder AROM
6–12 wk	Lifting restrictions lifted per X-ray	Cuff/periscapular strengthening, functional progression	Radiographic healing; 4+/5 strength
3–6 mo	Full	Progressive loading, return to work/sport tasks	Symmetric strength and function

Timeframes are typical; radiographic healing and the operative note govern. DVT prophylaxis per surgeon (default aspirin 81 mg BID × 30 days). Report wound concerns, calf pain/swelling, fever, or neurovascular changes to the office same-day.

SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/pt-protocols/humeral-shaft-orif.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.