



# Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

# **HUMERAL SHAFT FRACTURE (NON-OP)**

#### NON-OP PHYSICAL THERAPY PROTOCOL

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Patient Name:	<u>Date</u> :
_X_ Evaluate and Treat	_X_ Provide patient with home program
Frequency: <u>2-3</u>	x/week x <u>4</u> weeks

## Phase 1: Week 0-2 (to start immediately after initiation of Sarmiento bracing)

- No lifting > weight of coffee cup
- Upright posture at all times, maintain sling use or collar and cuff as needed
  - Elbow should be unsupported as much as possible



- Swelling control (with stocking)
- TID HEP: elbow, wrist, finger A/AAROM. No shoulder ROM
  - Biceps and triceps isometrics

#### Phase 2: Week 2-6

- No lifting > weight of coffee cup
- Wean from sling to allow gravity to align the arm (OK for collar and cuff), continue upright posture
- BID tightening of fracture brace
- daily hygiene and skin checks in pendulum position
- Continue TID HEP: A/AAROM elbow, wrist and finger motion, biceps and triceps isometrics
- Start shoulder periscapular isometrics / shoulder posture
  - No shoulder ROM other than pendulums for hygiene

### Phase 3: Week 6-12 weeks (following clinical fracture healing)

- No lifting > 5# at the side, or coffee cup overhead
- Add TID HEP shoulder 4 quadrant AAROM as tolerated with brace on unless pain free
  - Pulleys, table slides, wall climbs, supine wand exercises in all planes

## Phase 4: Appx Week 10-14 weeks (following clinical fracture healing)

- Add shoulder AROM, PROM as tolerated
- Generalized UE strengthening
- Activities as tolerated (if bony healing complete)
- Independent home exercise program
- Return to high level functional ADLs and simulation of work environment

, , ,	we examined this patient and physical therapy is days would not benefit from social services.
	Date:
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