

Dr. John Babb

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HUMERUS FRACTURE/ORIF (including proximal humerus fx- conservative)

Day 1 -13

- PT removes bandages on POD #3, keep steri-strips intact until Dr Babb can remove them.
- No ointments, betadine etc should be used on the incisions or portals.
- If any drainage/oozing is present recover with 4x4's, and notify Dr Babb (may need antibiotics).
- NO ice bags on any oozing, or open wounds without being covered first with a bandage.
- If any wounds are oozing, delay range of motion until wounds are closed and healed.
- **NO water on wounds** for 2 weeks (including showers) even if covered, no submersion of wounds in water (baths) until wounds are scars
- Immobilization: Remain in sling with pillow for 6 weeks.
- PROM:
 - o All planes per pain tolerance

Day 14-27

- PROM:
 - o Proceed to full passive ROM per pain tolerance

Day 28-41

- AAROM: depending on x-rays
 - o Initiate active assistive ROM

6-8 Weeks Post-op

- PROM:
 - o Full passive ROM all planes
- AROM:
 - Initiate active ROM
- Strength:
 - Initiate sub-maximal isometrics

8-10 Weeks Post-op

- Strength:
 - o Scapular stabilization and light isotonic strengthening

• ROM:

- o Progress to full ROM in all planes
- o Continue to advance AAROM and AROM working on eliminating compensations

Patient progression during the time frames along with general modality and exercise choice is left up to the discretion of the treating therapist. If you have any questions regarding this protocol, please contact (316) 630-9300.