Physical Therapy Prescription
Humerus Fracture ORIF

Patient Name: ___________________________ Today’s Date: ________________ Surgery Date: ________________

Diagnosis: s/p (LEFT / RIGHT) HUMERAL SHAFT FRACTURE ORIF

RECOVERY / RECUPERATION PHASE: WEEKS 0-6

__ Restore full ROM
__ Modalities, Cryocuff / Ice, prn
__ Grip strengthening
__ Codman’s / Pendulum exercises – i.e. pulleys, cane, etc.
__ Biceps, Triceps Isotonics. Deltoid Isotonics in plane of Scapula (week #3)
__ Joint mobilization
__ Cardiovascular training as tolerated

WEEKS 6-10

__ Continue with upper extremity PRE’s
__ Continue with Scapular stabilization / strengthening exercises
__ Begin IR / ER Isotonic exercises below horizontal, emphasize Eccentrics
__ Begin IR / ER Isokinetics week #6
__ Begin Biceps PRE’s
__ Continue with flexibility activities
__ Begin functional activities week #6
__ Begin plyometrics, limited PRE & speed

RETURN TO SPORT PHASE

__ IR / ER Isokinetics
__ Trunk exercises for sport specific activities (i.e. tennis, golf, skiing, etc)
__ Aggressive upper extremity PRE’s
__ Continue plyometrics
__ Progress PRE’s from side for overhead athletes
__ Return to limited sports ____________
full activities ____________

Frequency & Duration: (circle one) 1-2 2-3 x/week for _____ weeks Home Program

**Please send progress notes.

Physician’s Signature: ___________________________ M.D.