



Distal Humerus Fracture Open Reduction and Internal Fixation

Therapy Instructions - Standard Protocol

Laith Al-Shihabi, MD

2-6 weeks

Incision care:

-Begin scar desensitization/massage at 2-3 weeks as wound allows.

Splint:

-Fashion removable long-arm splint holding the elbow in 90 degrees of flexion and wrist in neutral at 2 week postoperative visit.
-Splint to be worn full time except for motion exercises for the first 6 weeks.

Motion:

-Hand/finger AROM/AAROM/PROM encouraged immediately.
-Begin active elbow extension/flexion and pro/supination, as well as active and passive wrist flexion/extension starting at 3 weeks

Edema Control:

Per therapist.

6 -10 weeks

Splint:

-Wean from the splint at 6 weeks, discontinue by 8 weeks.
-Static progressive splinting can be initiated if there is failure to achieve at least a 100 degree arc of flexion/extension by 8 weeks.

Motion:

-Begin PROM and continue AROM/AAROM of the elbow along with pro/supination.

Strengthening:

-Begin forearm strengthening at 6 weeks, and gentle elbow strengthening at 8 weeks.
-5 lbs lifting restriction starting at 8 weeks.

10-12 weeks

Motion:

-Continue AROM/AAROM/PROM to wrist and forearm.

Strengthening:

-Begin wrist and forearm strengthening.
-15 lbs lifting restriction at 10 weeks.
-Transition to home exercise program vs. work conditioning program at 10-12 weeks.

12+ weeks

Gradually return to light activity and exercise. There are no further activity restrictions at this time. No further therapy is necessary unless required on a case-by-case basis.