

TJ Ridley, MD

Phone: 763-717-4120 | Website: TJRidleyMD.com | Instagram: @dr._ridley

Humerus Shaft Fracture Non-Operative Rehabilitation Protocol**PHASE I: IMMOBILIZATION****Week 0-2 (to start immediately after initiation of Sarmiento bracing)**

- No lifting > weight of coffee cup
- Sarmiento fracture brace at all times
- Upright posture at all times
- Transition from sling to cuff & collar to allow gravity to align the arm. Use sling only as needed for comfort.
- 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 II: FRACTURE HEALING**Week 2-6**

- No lifting > weight of coffee cup
- Sarmiento fracture brace at all times
 - Twice daily tightening of fracture brace
- Discontinue sling, continue use of cuff & collar as needed for comfort, continue upright posture
- 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 III: EARLY REHABILITATION**Week 6-10 (following clinical fracture healing and no motion at the fracture site)**

- No lifting > 5# at the side, or coffee cup overhead
- Part time Sarmiento bracing (if clinical fracture healing)
 - Wear while outside of the house
 - Remove while at home or at rest
- 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 IV: RETURN TO FUNCTION

Week 11-14 (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