



Distal Humerus Fracture Open Reduction and Internal Fixation Therapy Instructions - Early Motion Protocol Laith Al-Shihabi, MD

1 week

Splint:

- Fashion removable long-arm splint holding the elbow in 90 degrees of flexion and wrist in neutral at 1 week post-op.
- Splint to be worn full time except for when performing therapy 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.

Edema Control:

Per therapist.

2-6 weeks

Incision care:

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

Splint:

- Continue splint except when in therapy.

Motion:

- Continue active elbow extension/flexion and pro/supination, as well as active and passive wrist flexion/extension.
- Begin gentle PROM and continue AROM/AAROM to elbow extension and flexion starting at 4 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:

- Advance PROM to elbow flexion/extension and pro/supination, and continue AROM/AAROM exercises.

Strengthening:

- Begin forearm strengthening at 6 weeks, and gentle elbow strengthening at 8 weeks.
- 5 lbs lifting restriction starting at 6 weeks.
- 15 lbs lifting restriction at 8 weeks.
- Transition to a home exercise program by 8-10 weeks.

10-12+ weeks

Gradually return to light activity and exercise. There are no further activity restriction after 12 weeks. No further therapy is necessary unless required on a case-by-case basis.