

CLAVICLE FRACTURE ORIF PT PROTOCOL

	BRACE INSTRUCTIONS AND RESTRICTIONS	RANGE OF MOTION GOALS	PT EXERCISES/NOTES
PHASE 1 First 6 Weeks (0-6) 1 Session/week or once every other week Begin after 2 weeks	<ul style="list-style-type: none"> - Sling x 6 weeks full time during the day except hygiene - May remove sling at night after 2 weeks as tolerated 	<ul style="list-style-type: none"> - PROM as tolerated in supine position after 2 weeks, progress to seated position after 4 weeks 	<ul style="list-style-type: none"> - After 2 weeks, may begin Codman's, posterior capsule mobilizations, closed chain scapular stabilizers
PHASE 2 Second 6 Weeks (6-12) 1-2 Sessions/week	<ul style="list-style-type: none"> - Out of sling - Avoid plyometric exercises and resisted exercises above shoulder height 	<ul style="list-style-type: none"> - Advance to AAROM/AROM - Continue with PROM to reach full ROM and appropriate joint mobilizations 	<ul style="list-style-type: none"> - Continue Phase 1 exercises - Initiate scapular stabilizing exercises, core strengthening exercises including trunk rotation - Begin resistive exercises for scapular stabilizers, biceps, and triceps, deltoid, rotator cuff
PHASE 3 Third 6 Weeks (12-18) Sessions once/week or once every other week		<ul style="list-style-type: none"> - Full AROM in all planes 	<ul style="list-style-type: none"> - Begin muscle endurance activities - Emphasis on external rotation and latissimus eccentric exercises - Aggressive scapular stabilization and eccentric strengthening - Begin plyometrics and throwing program - Cycling/running permitted
PHASE 4 18 Weeks + Sessions as needed Transition to home exercise program		<ul style="list-style-type: none"> - Sport specific exercises 	<ul style="list-style-type: none"> - Maintain ROM and strengthening exercises - Return to sport determined by MD

This protocol is intended for the purposes of guiding post-surgical or post-injury rehabilitation exercises and goals. These guidelines may be interpreted by a certified physical or occupation therapist and tailored to meet patient specific goals and expectations. Other specific modifications may be made by Dr. Butterfield depending on adjuvant surgical procedures, surgical findings, or rehabilitation progress.

Please fax initial physical therapy assessment and progress notes to Dr. Butterfield at 763-717-4139. You may direct questions regarding this protocol or patient progress to our office at 763-786-9543.