



CLAVICLE OPEN REDUCTION AN INTERNAL FIXATION (ORIF) REHAB PROTOCOL

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The purpose of this protocol is to work collaboratively with the clinician and provide a guideline for the postoperative rehabilitation course of a patient that has undergone a clavicle ORIF for broken collarbone. This protocol is by no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam, individual progress, and/or the presence of post operative complications. If a clinician requires assistance in the progression of a post-operative patient, they should not hesitate to consult with the referring surgeon.

Please Note: The given time frames are an approximate guide for progression.

NO UPPER BODY ERGOMETER AT ANY TIME

PHASE 1: FIRST 4 WEEKS OF THERAPY (BEGINS 3-4 WEEKS POST-OP)

- Wean out of sling at 3-4 weeks post-op. Most patients will be out of sling at start of therapy
- Passive Range of Motion: Gently increase PROM of shoulder and elbow in all directions to tolerance
- Do not elevate surgical arm above 90 degrees in any plane until 6 weeks post-operatively Active Assisted Range of Motion (AAROM): May begin once PROM adequate
- Precautions:
 - No AROM of the shoulder
 - Avoid weightbearing through arm / hand. No lifting >5lbs until at least 6 weeks postoperatively
- Active range of motion (AROM) of elbow/wrist/hand permitted

GOAL: *Gradual PROM/AAROM of shoulder with minimal pain. AROM of distal extremity to tolerance.*

PHASE 2: WEEKS 4-8 OF THERAPY

- Wean Advance Passive and Active Assisted Range of Motion (PROM and AAROM) as tolerated
- Active range of motion (AROM) as tolerated
 - Perform in the scapular plane: Forward flexion, elevation, and ER Strengthening/Stabilization
 - No shoulder strengthening until 4 months post-op
- Progress scapular strengthening exercises as appropriate
- Progress distal extremity exercises with light resistance as appropriate
- Initiate glenohumeral and scapulothoracic rhythmic stabilization

GOAL: *AROM with minimal pain. Early strengthening.*

PHASE 3: WEEKS 8-12 OF THERAPY

- Strengthening (not to begin prior to 4 months post-operatively)
 - Begin progressive supine active elevation strengthening (anterior deltoid)
 - Resisted flexion, elevation in the plane of the scapula, extension (therabands / sport cords)
 - IR, ER strengthening
- Progress ROM, tissue flexibility. Okay for joint mobilizations as tolerated.

GOAL: *Gradual progression of strengthening once patient has adequate ROM*

PHASE 4: BEYOND 12 WEEKS OF THERAPY

Advanced strengthening phase (Not to begin before 16 weeks to allow for appropriate soft tissue healing and to ensure adequate ROM, and initial strength):

- Gradually progress strengthening program
- Gradual return to moderately challenging functional activities.
- Return to recreational hobbies, gardening, sports, golf, doubles tennis
- Discuss with surgeon for timing on return to contact sports

GOAL: *Slow and gradual pain-free progression of ROM and strength in order to return to all normal ADLs, work, and recreational activities.*

*****Expected Recovery Time is approximately 4-6 Months*****

NOTE: If you have any questions or concerns regarding any of the phases or advancements in this protocol, please do not hesitate to contact our office. Thank you for your continued care of this patient.

Robertson, G. A. J., and A. M. Wood. "Return to Sport Following Clavicle Fractures: a Systematic Review." *British Medical Bulletin*, vol. 119, no. 1, 2016, pp. 111–128., doi:10.1093/bmb/ldw029.