

CLAVICLE FRACTURE ORIF REHABILITATION PROTOCOL

	RANGE OF MOTION	SLING	EXERCISES
PHASE I 0-3 Weeks	Minimal	Worn at all times, day and night** Off for hygiene and exercise	Elbow/wrist ROM, grip strengthening
PHASE II 3-6 Weeks	Begin PROM Limit flexion to 90, ER to 45, and extension to 20	Worn during day, besides hygiene and exercise until 6 weeks post-op**	Begin PROM activities – Codman's, posterior capsule mobilizations; avoid stretch of anterior capsule and extension; closed chain scapula Avoid axial load/distraction/traction and horizontal adduction beyond neutral
PHASE III 6-12 weeks	Begin active/active assistive ROM, PROM to tolerance Goals: Full extension rotation, 135° flexion, 120° abduction	None	Continue phase II work, begin active-assisted exercises, deltoid/rotator cuff isometrics at 8 weeks Begin resistive exercises for scapular stabilizers, biceps, triceps and rotator cuff*
PHASE IV 12-16 weeks	Gradual return to full and pain-free AROM	None	Advance activities- emphasize external rotation and latissimus eccentrics, glenohumeral stabilization Begin muscle endurance activities (upper body ergometer) Aggressive scapular stabilization and eccentric strengthening Begin plyometric and throwing/racquet program, continue with endurance activities Cycling/running okay at 12 weeks or sooner if given specific clearance
PHASE V 16-20 weeks	Full and pain-free	None	Maintain ROM and flexibility Progress Phase III activities, return to full activity as tolerated

*Utilize exercise arcs that protect the anterior capsule from stress during resistive exercises, and keep all strengthening exercises below the horizontal plane, until phase IV

** May remove sling if arm is supported on chair/desk/table (ie desk work, eating)

***Patient protocols may vary. Please follow patient-specific script if modified