

## Clavicle ORIF - Physical Therapy Protocol

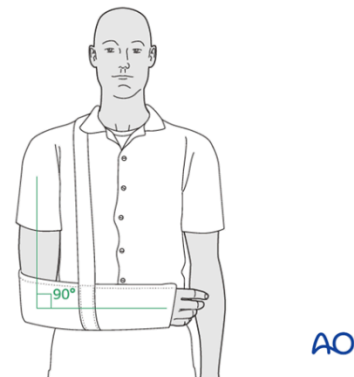
### Progressive exercises

Sling support should be provided until the patient is sufficiently comfortable to begin shoulder use, and/or the fracture shows early evidence of healing radiographically.

Once these goals have been achieved, rehabilitative exercises can begin to restore range of motion, strength, and function.

The phases of nonoperative treatment are thus:

- Temporary immobilization
- Passive/assisted range of motion
- Active range of motion
- Progressive resistance exercises



Usually immobilization is maintained for 1-2 weeks for comfort and wound healing purposes. The use of the sling is gradually decreased at this point.

This is followed by gentle range of motion exercises.

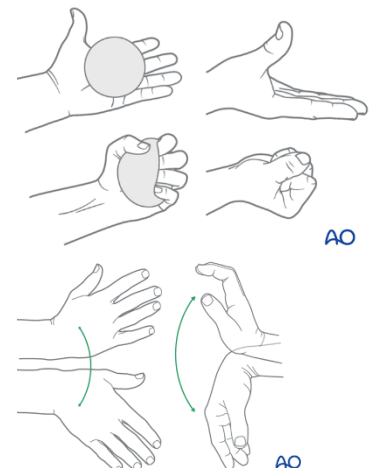
Non-weight-bearing of the affected upper limb is continued for approximately for 6 weeks or until radiographic and clinical evidence of progressive healing.

Resistance exercises can generally be started at 6 weeks. Isometric exercises may begin earlier, depending on the injury and patient symptoms.

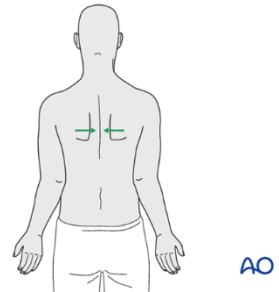
### Phase I: Day one after surgery

After clavicular surgery, it is important to maintain full mobility of the unaffected joints to reduce arm swelling and to preserve joint motion. The following exercises are recommended:

- Straightening and flexion of the elbow
- Open and closure of the hand
- Squeezing of a soft ball

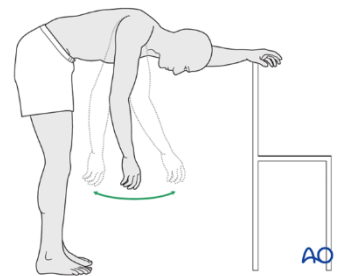


- Bending of the wrist forward, backwards and in a circular motion
- Movement of an open hand from side to side
- Squeezing the shoulder blades together, while shoulders remain relaxed



## Phase II: Two to six weeks after surgery

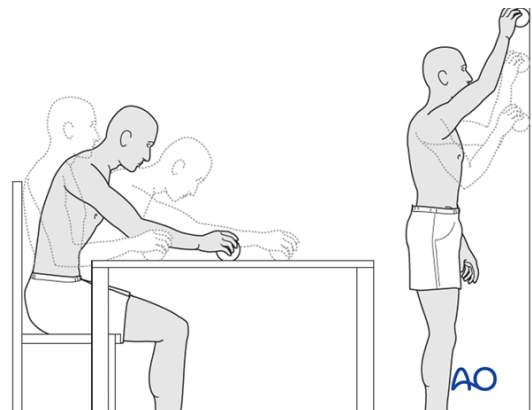
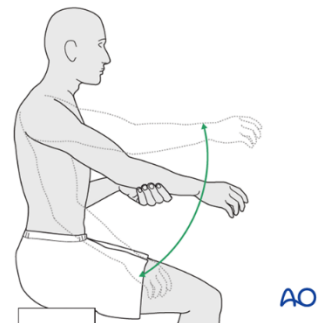
Pendular exercises can be started when pain starts to subside.



Gradual progression to passive and assisted range of motion exercises are started as tolerated. Scapular stabilization must be observed to restore normal kinetics to shoulder motion.

Activated assisted range of motion exercises are started with:

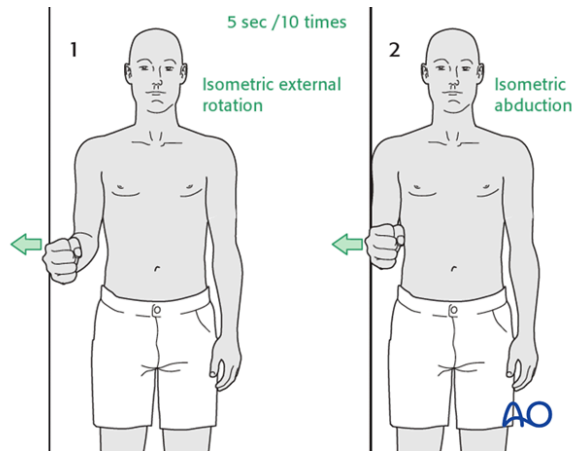
- External rotation
- Internal rotation
- Flexion with arms on table
- Flexion with ball on wall



Sub-maximal isometric exercises with:

- Internal rotation
- External rotation (1)
- Abduction (2)
- Extension

*Note: Timing and progression of exercises are ultimately directed by the operating surgeon as factors such as bone quality, type of fracture and fixation may vary in individuals.*



## Phase III: Six to twelve weeks after surgery

Pending clinical and radiographic review by the operating surgeon, weight-bearing may now be permitted and gradual resisted/strengthening exercises can begin.

Return to full activities and/or contact sports is permitted once the fracture is united and the extremity has regained full strength. Typically this takes around 6 months post injury. It may be sooner or later depending on the patient factors, progress of fracture healing and response to rehabilitation.

If there has been no progress on serial radiographs of fracture healing, at 3 months, then delayed or impaired healing may be present. If the fracture has not united after 9 months surgical intervention should be considered.

