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Innovating BIG RESULTS Through Small Incisions

Scapular Spine Fracture: Open Reduction Internal Fixation (ORIF)

Physical Therapy Protocol

Phase I – Inflammatory Phase (Weeks 0–3)

Principle: Protect the operated limb to allow uneventful healing.
Goals: Prevent complications, minimize pain, facilitate early motion of safe joints.

Restrictions:

- **Immobilization:** Sling or abduction brace **full-time including sleep**. May add swath or pillow for support.
- **Weight Bearing:** Non–weight bearing through the upper extremity. Hand may be used for light midline self-care (feeding, toileting).
- **ROM:** No active shoulder motion.
    - Permitted: hand/wrist/elbow ROM, gentle scapular retraction, gentle cervical ROM.
    - Assisted ROM (gravity eliminated, as tolerated): external rotation at waist, internal rotation at waist, supported forward flexion.
    - No hand-behind-back or extremes of cross-body motion.

Exercises:

- Hand opening/closing, ball squeezes, wrist circles.
- Elbow flexion/extension.
- Scapular squeezes.
- Gentle isometrics for rotator cuff and deltoid as tolerated.

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ADLs:

- Limited to self-care.
- Sleep in sling (supine or non-injured side with pillow support; semi-reclined if needed).
- Showering with arm hanging gently; long-handled sponge for hygiene.

Phase II – Early Repair Phase (Weeks 4–6)

Principle: Continue protection while promoting early repair.
Goals: Progress mobility safely, achieve early antigravity strength.

Restrictions:

- **Immobilization:** Sling/abduction brace at night and for all activities against gravity. May remove at rest.
- **ROM:** Progress to **active-assisted elevation up to shoulder level**.
    - Avoid extremes: no hand-behind-back, no cross-body adduction.
- **Weight Bearing:** Still non–weight bearing through operative arm.

Exercises:

- Continue Phase I exercises.
- Begin assisted forward elevation to 90°.
- Gentle functional scapular/clavicular motion.

ADLs:

- Continue self-care.
- Introduce light tabletop domestic tasks (short-lever reaching, food prep).

Radiographs:

- Evidence of union expected by end of this phase.

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Phase III – Late Repair & Early Remodeling (Weeks 7–12)

Principle: Restore proprioception, progress strengthening.
Goals: Advance mobility, begin functional strengthening, consolidate fracture healing.

Restrictions:

- **Immobilization:** Discontinue sling.
- **ROM:** Progression above shoulder level now permitted. Hand-behind-back and cross-body adduction allowed.
- **Weight Bearing:** Begin light functional use of arm below shoulder level. No resisted weight bearing or heavy lifting.

Exercises:

- Active-assisted → active elevation above 90°.
- Progressive isometric and isokinetic strengthening (rotator cuff, deltoid, periscapular).
- Pulley systems, exercise bar, and bands for controlled resistance.
- Progress from gravity-resisted motion → therabands → free weights.

ADLs:

- Add social and light functional activities using operative arm.

Radiographs:

- Confirm full consolidation without displacement or hardware failure.

Phase IV – Remodeling & Reintegration (Week 13+)

Principle: Normalize proprioception and biomechanics for full function.
Goals: Return to unrestricted daily life, sport, or occupational tasks.

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Restrictions:

- **ROM:** No restrictions.
- **Weight Bearing:** Progress to unrestricted use of arm for lifting, pushing, and resisted activities as tolerated.

Exercises:

- Progressive strengthening for endurance.
- Sport-specific and work-hardening drills under supervision.

ADLs:

- Full participation in sport, work, and recreational activity.

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