



DR. BRIAN KLIKA & DR. ANDREW KIRKPATRICK
CLAVICLE FRACTURE ORIF POST-OP THERAPY PROTOCOL

Phase 1 – Early Protection of Repair (0-4 weeks)

Goals for Phase 1	Precautions for Phase 1
<ul style="list-style-type: none">• Protect healing structures• Minimize pain and edema• Begin ROM to uninvolved joints• Educate patient in home program	<ul style="list-style-type: none">• Check specific physician orders and operative notes for variations in the protocol• All ROM should be in comfortable pain-free range• Educate patient in surgical precautions:<ul style="list-style-type: none">○ No shoulder flexion/abduction beyond 90 degrees for 4 weeks○ No repetitive shoulder ROM○ No lifting more than 5#○ Avoid internal rotation behind back for 6 weeks• Patient will typically be sent to therapy at 1 week post-op to begin pendulum exercises and uninvolved joint ROM per protocol

Immobilization

- Patient is fitted with a soft prefabricated clavicle strap and/or sling after surgery to be worn until 6 weeks post- op

Wound Care

- Keep incisions clean and dry
- Educate patient in sterile dressing changes as needed

Scar Management

- Scar mobilization may be initiated two days following suture removal if incision is well-healed with no open areas and no drainage; apply scar remodeling products as needed

Manual Therapy

- Soft tissue massage to neck and shoulder as needed

ROM

- **0-2 weeks:**
 - Begin pendulum exercises to shoulder in standing or seated position as long as it is pain- free
 - Cervical ROM and stretches as needed
 - Elbow, wrist, and hand A/PROM as needed to restore full motion
 - Hand ball squeezes or putty as needed
- **2-4 weeks:**
 - Continue pendulum exercises
 - Begin short-arc scapular ROM including shoulder elevation/depression and protraction/retraction within pain-free range
 - Initiate PROM shoulder to 90 degrees of flexion and abduction and internal/external rotation with shoulder at 0 degrees of abduction. All PROM should be performed within soft issue restriction and pain limits.
 - Initiate AAROM in supine using dowel to 90 degrees flexion/abduction and internal/external rotation with shoulder at 0 degrees of flexion/abduction
 - Progress to AROM in supine with elbow flexed to 90 degrees of flexion/abduction



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Phase 2 – Progress to Full ROM (4-6 weeks)

Goals for Phase 2	Precautions for Phase 2
<ul style="list-style-type: none">• Continue pain and edema control• Continue scar management• Restore full active ROM	<ul style="list-style-type: none">• All ROM should be in comfortable pain-free range

Immobilizer

- The sling may be left off for ADLs around the home but should be worn in public for protection

Manual Therapy

- Continue phase 1 scar and edema management as needed

ROM

- Progress PROM to 120 degrees of flexion and abduction within pain-free limits and soft tissue restriction. May also issue table slides if patient is not progressing in pain-free shoulder ROM.
- Progress AAROM to 120 degrees of flexion/abduction in supine and to 90 degrees flexion/abduction in seated against gravity. Progress internal and external rotation from 0 degrees shoulder abduction to 45 and 90 degrees of abduction.
- **5 weeks:** if patient is doing well with relatively low pain progress to wall slides
- Progress to full scapular ROM as tolerated

Modalities

- Moist heat as needed prior to ROM

Strengthening

- Elbow, forearm, wrist, and hand strengthening as needed
- Initiate shoulder isometric strengthening as tolerated



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Phase 3 – Strengthening and Return-to-Full Function (6+ weeks)

Goals for Phase 3

- Restore full active and passive ROM
- Gradually discontinue sling and return to functional activity
- Restore strength
- Return to work

Immobilizer

- Sling should be discontinued completely by 6 weeks unless otherwise indicated by physician depending on fracture healing

ROM

- Progress to full pain-free shoulder A/PROM as long as x-ray shows signs of union
- Allow full internal rotation behind back

Modalities

- Continue heat modalities as needed to improve range of motion and tissue mobility

Strengthening

- Begin prone scapular stabilization exercises
- Begin gravity-eliminated low weight/high repetition shoulder strengthening in all planes
- Serratus strengthening beginning with no weight and progressing as tolerated
- **8 weeks:** initiate isotonic strengthening for shoulder in all planes including stabilization exercises, prone scapular strengthening
- **10 weeks:** initiate functional strengthening and work simulation as tolerated

Functional Activity

- **6-8 weeks:** gradually return to all activities of daily living emphasizing pain-free use of the involved arm
- **8-10 weeks:** gradually return to home management and work activities including functional lifting with physician consent

Work Conditioning

- After 10-12 weeks and with physician consent, a comprehensive work conditioning program for patients with high demand/heavy manual labor occupations may be appropriate