

ORIF Clavicle Physical Therapy Rehab Protocol

**Phase 1: Immediate Postoperative Period: Postoperative Day 0 to 2 weeks**

*Goals:* Decrease pain and swelling, Protect Surgical Repair

1. Full time in sling
  - a. Immobilized at all times day and night
  - b. Off for hygiene and gentle exercise only
2. No Range of Motion at the Shoulder
  - a. elbow/wrist ROM, grip strengthening at home only
3. Exercises:
  - a. Cervical range of motion as tolerated
  - b. Elbow, wrist, and hand range of motion
  - c. Active elbow flexion and extension
4. Ice and modalities for pain and swelling

**Phase 2: Sub-Acute Phase: Weeks 2 - 6**

*Goals:* Decrease/eliminate pain, Begin PROM

1. Immobilizer
  - a. Worn daytime only
2. Begin Passive Motion
  - a. Codman's Pendulums
  - b. Posterior capsule mobilizations
  - c. Avoid stretch of anterior capsule and extension
  - d. Closed chain scapula
  - e. Shoulder shrugs and scapular retraction (preventing shoulder extension)
3. Limitations
  - a. Limit flexion to 90°
  - b. External rotation to 45°
  - c. Extension to 20°
  - d. If pain level is not decreasing, decreased intensity and volume of exercise
4. Advancements
  - a. Begin no-load serratus exercise at 5-6 weeks
  - b. Advance to passive multi-plane pulley when 120° flexion is achieved in supine.
  - c. Submaximal isometrics with elbow at side

ORIF Clavicle Physical Therapy Rehab Protocol

**Phase 3: Motion/Rehabilitative Phase: 6 weeks to 9 weeks**

1. Discontinue Sling
2. Mobilization to GH joint as needed
3. PROM to tolerance
4. Begin active/active assistive ROM
  - a. May start sleeper stretch and functional IR behind the back
  - b. Supine kinesthetic awareness exercise in ER/IR only, low load
  - c. Begin rows with Theraband, but not beyond plane of body
  - d. Advance pulley to active assisted in multiple planes.
  - e. Begin light Theraband for IR, ER, flexion, abduction, biceps and triceps below shoulder level and advance as tolerated

**Phase 4: Functional Phase: 9-12 weeks**

*Goals:* Full extension and rotation, 135° flexion, 120° abduction

1. Continue Phase 3 work
2. Active assisted exercises
  - a. deltoid/rotator cuff isometrics
  - b. Begin resistive exercises for scapular stabilizers, biceps, triceps and rotator cuff
3. Continue stretches towards normal ROM
4. Continue posterior capsule stretches as needed
5. Begin supine, low intensity rhythmic stabilization at 110-120° flexion for rotator cuff and deltoid co-contraction.
6. Advance kinesthetic awareness exercise to multi-angle and gradually work from short to long lever arm
7. Progress only without increase signs of inflammation

**Phase 5: Return to Pre-Injury Levels: 3-6 Months**

\*\*\*Limited return to sports activities at 4-5 Months\*\*\*

1. Continue stretches and mobilizations as needed to maintain full ROM
2. Exercises
  - a. Emphasize external rotation and latissimus eccentrics, glenohumeral stabilization
  - b. Begin muscle endurance activities (upper body ergometer)
  - c. Aggressive scapular stabilization and eccentric strengthening



*New England Shoulder and Elbow Center*

Sarav Shah, MD  
New England Baptist Hospital  
ProSports Orthopedics

#### ORIF Clavicle Physical Therapy Rehab Protocol

- d. Begin plyometric and throwing/racquet program
- e. Continue with endurance activities Cycling/running okay at 12 weeks or sooner if given specific clearance
- f. Advance strengthening for rotator cuff, low weight, increasing reps
- g. Start light weight training and progress as tolerated
- h. No bench press until after 16 weeks