Prisma Health

Blue Ridge Orthopaedics-Easley

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Dr. Gabriella Ode Sports Medicine and Shoulder Surgery

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PHYSICAL THERAPY PROTOCOL CLAVICLE FRACTURE

PROCEDURE		Date of Surgery/Injury:	
		R L [] ORIF Clavicle Fracture	
PLAN		Physical Therapy for R L Shoulder	
		1-2x Per Week x 16 Weeks	
GENERAL GUIDELINES		Goal: Regain full pain-free ROM and strength of shoulder and prevent elbow and wrist stiffness.	
		Please read and follow guidelines below. Progression is both criteria-based and patient specific.	
		Phases and time frames are designed to give the clinician a general sense of progression.	
		Concomitant injuries may alter the guidelines.	
		Follow physician's modifications as prescribed	
	RANGE OF MOTION	IMMOBILIZER	EXERCISES
PHASE I	■ 0-4 weeks: PROM	0-4 weeks:	0-6 weeks: begin PROM activities – Codman's, posterior
0-6 weeks	■ 4-6 weeks: begin AROM - Limit flexion to 90°, external rotation to 45°, extension to 20°	 Immobilized at all times day and night Off for hygiene and gentle exercise only and resting in a chair 	capsule mobilizations; avoid stretch of anterior capsule and extension; closed chain scapula
PHASE II 6-12 weeks	■ Goals: Full extension rotation, 135° flexion, 120° abduction	■ None	 Continue Phase I work; begin active assisted exercises, deltoid/rotator cuff isometrics at 8 weeks Begin resistive exercises for scapular stabilizers, biceps, triceps and rotator cuff* No lifting > 5lbs
PHASE III 12-16 weeks	Gradual return to full AROM	■ None	 Advance activities in Phase II; emphasize external rotation and latissimus eccentrics, glenohumeral stabilization Begin muscle endurance activities (upper body ergometer)

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			 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 IV	 Full and pain-free 	■ None	Maintain ROM and flexibility
4-5 months			Progress Phase III activities, return to full activity as tolerated