

CLAVICLE FRACTURE ORIF PROTOCOL (Dr. Sean Griffin)

Weeks 1-3

- Full time in sling
- Avoid IR behind the back, lifting more than 1-2 lbs, and horizontal adduction.
- Passive ROM: flexion and abduction to 90°, ER as tolerated with elbow at side, IR to 45° with elbow away from side in supine
- Exercises:
 - Cervical range of motion as tolerated
 - Elbow, wrist, and hand range of motion
 - Active elbow flexion and extension
 - Shoulder shrugs and scapular retraction (preventing shoulder extension)
- Ice and modalities for pain and swelling

Weeks 3-6

- May gradually discontinue sling around the house at 4 weeks if comfortable. Still need sling when going out in public up until 6 weeks post-op.
- Range of motion:
 - Passive flexion and abduction to 120°
 - ER and IR as tolerated in supine
 - Begin posterior capsule stretches. *No inferior or anterior GH mobilization.*
- Exercises:
 - Begin no-load serratus exercise at 5-6 weeks.
 - Advance to passive multi-plane pulley when 120° flexion is achieved in supine.
 - Begin limited range, no resisted active ER and IR with towel roll
 - Submaximal isometrics with elbow at side
- If pain level is not decreasing, decreased intensity and volume of exercise
- Modalities for pain, as needed

Weeks 6-9

- Range of motion as tolerated in all planes
- Mobilization to GH joint as needed
- Exercises:
 - Begin UBE, below shoulder level
 - May start sleeper stretch and functional IR behind the back
 - Supine kinesthetic awareness exercise in ER/IR only, low load

- Begin rows with theraband, but not beyond plane of body
- Advance pulley to active assisted in multiple planes.
- Begin light Theraband for IR, ER, flexion, abduction, biceps and triceps below shoulder level and advance as tolerated.
- Begin strengthening exercises only if overall pain level is low
- Modalities for pain as needed.

Weeks 9-12

- Continue stretches towards normal ROM
- Continue posterior capsule stretches as needed
- May begin running at 12 weeks
- Exercises:
 - Increase resistance with Theraband exercises as tolerated
 - Prone T's and Y's
 - Begin supine, low intensity rhythmic stabilization at 110-120° flexion for rotator cuff and deltoid co-contraction.
 - Advance kinesthetic awareness exercise to multi-angle and gradually work from short to long lever arm
 - CKC progression: quadruped, ball compression, wall push ups, knee push ups. May add perturbations from therapist in each position.
- Progress only without increase signs of inflammation
- Modalities as needed for pain

3-6 Months

- Continue stretches and mobilizations as needed to maintain full ROM
- Exercises:
 - Advance strengthening for rotator cuff, low weight, increasing reps
 - Advance scapular exercises
 - Advance strengthening for the rest of the upper extremity
 - Start light weight training and progress as tolerated
 - No bench press until after 16 weeks.
 - Progress to light work simulation at 4-5 months or as requested by physician