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