

ORIF Clavicle Rehabilitation Program

Nicholas M. Capito, MD

Diagnosis: Right / Left Clavicle Fracture

Date of Surgery: _____

Phase I – Maximum Protection – PROM (Week 0 to 4)

- Sling x 4 weeks.
- No ROM x 4 weeks.
- Ice and modalities to reduce pain and inflammation.
- Cervical ROM and basic deep neck flexor activation (chin tucks).
- Active hand and wrist range of motion.
- Passive biceps x 6 weeks.
- Encourage walks and low intensity cardiovascular exercise to promote healing.

Phase II – Progressive Stretching and Active Motion (Weeks 4 to 6)

- Progress to full range of motion flexion and external rotation as tolerated. Use a combination of wand, pulleys, wall walks or table slides to ensure compliance.
- Gradual introduction to internal rotation shoulder extensions (stick off back).
- Serratus activation; Ceiling punch (weight of arm) may initially need assistance.
- Sub-maximal rotator cuff isometrics.
- Scapular strengthening – prone scapular series (rows and I's). Emphasize scapular strengthening under 90°.
- External rotation on side (no resistance).
- Sub-maximal isometrics.
- Cervical ROM as needed to maintain full mobility.
- DNF and proper postural positioning with all RC/SS exercises.
- Low to moderate cardiovascular work. May add elliptical but no running until 6 weeks.

Phase III – Strengthening Phase (Weeks 6 to 12)

- Continue with combined passive and active program to push full ROM.
- Internal rotation with thumb up back and sleeper stretch.
- Continue with ceiling punch adding weight as tolerated.
- RC isotonic at 0 and 90° as strength permits.
- Advance prone series to include T's and Y's as tolerated.
- Add seated rows and front lat pulls.
- Biceps and triceps PRE.
- Scaption; normalize ST arthrokinematics.
- 8-10 weeks – gym strengthening program to include chest fly and pressing motions.
- Supine progressing to standing PNF patterns, with resistance as appropriate.

Phase IV – Advanced Strengthening and Plyometric Drills (12-16 weeks)

- Full range of motion all planes – emphasize terminal stretching.
 - Advance strengthening at or above 90° with prone or standing Y's and 90/90 as scapular control and ROM permit. Patient health, physical condition and goals/objectives determine.
 - Gym strengthening program; gradual progression with pressing and overhead activity.
 - Progress closed kinetic chain program to include push-up progression beginning with counter, knee then – gradual progression to full as appropriate.
 - Initiate plyometric and rebounder drills as appropriate.
 - Continue to progress RC and scapular strengthening program.
 - Continue with closed chain quadruped perturbations; add open chain as strength permits. §
- Advance gym strengthening program.
- Follow-up examination with the physician (3-4 months) for release to full activity.