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Physical Therapy Protocol - Clavicle Open Reduction and Internal Fixation

Diagnosis: R/L Clavicle ORIF	Date of Procedure:
Frequency: 2-3 Times Per Week for weeks	

Weeks 0-2:

- Sling at all times, day and night, off for hygiene and gentle exercises only
- No shoulder range of motion
- Elbow/hand/wrist motion ONLY

Weeks 2-6:

- Sling on during daytime only, may wean out of sling altogether after 4th week
- Range of motion: begin PROM
 - Limit flexion to 90 degrees, external rotation to 45 degrees, extension to 20 degrees
- Exercises:
 - o Codman's, posterior capsule mobilizations, closed chain scapula, avoid stretch of anterior capsule and extension
- Modalities:
 - o Heat before PT, ice after PT

Weeks 6-12:

- Sling: ok to remove unless in crowded environment
- Range of motion: begin active/active assistive ROM, PROM to tolerance
 - o Goals: full extension, rotation, 135 of flexion, 120 of abduction
- Exercises: continue above, begin active assisted exercises, deltoid/rotator cuff isometrics, begin resistive exercises for scapular stabilizers, biceps, triceps, and rotator cuff
 - Utilize exercises arcs that protect the anterior capsule from stress during resistive exercises, keep all strengthening exercises below the horizontal plane from weeks 6-12
- **Modalities:** per therapist, include E-stem, ultrasound, heat (before), ice (after)

Weeks 12-16:

- Range of motion: gradual return to full AROM
- **Exercises:** emphasize external rotation and latissimus eccentrics, glenohumeral stabilization, begin muscle endurance activities (upper body ergometer), aggressive scapular stabilization and eccentric strengthening, begin plyometric and throwing/racquet program, stationary cycling/running ok at 12 weeks or sooner if given clearance
- Modalities: per therapist, include E-stem, ultrasound, heat (before), ice (after)
- 4-5 Months: resume full pain free AROM, maintain ROM and flexibility, return to full activity