

CLAVICLE ORIF POST OPERATIVE PROTOCOL

| | Time Frame (Weeks) | Guidelines | Goals |
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| PHASE I | 0 to 4 | SLING: 4 weeks ROM: No ROM x 4 weeks EXERCISE PROGRESSION <ul style="list-style-type: none"> • Cervical ROM, basic deep neck flexor activation (chin tucks) • Active hand and wrist ROM • PROM biceps x 6 weeks • Walks, low intensity cardio exercise to promote healing MANUAL INTERVENTION <ul style="list-style-type: none"> • STM – effleurage to forearm and upper arm as needed | <ul style="list-style-type: none"> • Reduce inflammation • Decrease pain • Postural education |
| PHASE II | 4 to 6 | EXERCISE PROGRESSION <ul style="list-style-type: none"> • Progress to full ROM flexion, external rotation as tolerated. (wand, pulleys, wall walks or table slides to compliance) • Gradual introduction to internal rotation shoulder extensions (stick off back). • Serratus activation; Ceiling punch (weight of arm) may initially need assistance. • Scapular strengthening – prone scapular series (rows and l's). Emphasize scapular strengthening under 90°. • External rotation on side (no resistance). • Sub-maximal isometrics. • Cervical ROM as needed to maintain full mobility. • DNF, proper postural positioning with all RC/SS exercises. • Low/moderate cardio work; Elliptical ok, no running x 6 wks MANUAL INTERVENTION <ul style="list-style-type: none"> • STM – global shoulder and CT junction. Scar tissue mobilization. Graded GH mobilization. ST mobilization. Gentle CR/RS for ROM and RC-SS activation. | <ul style="list-style-type: none"> • Discontinue sling as instructed. • Postural education. • Begin AROM – full all planes. |
| PHASE III | 6 to 12 | EXERCISE PROGRESSION <ul style="list-style-type: none"> • 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 isotonics 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. • CKC progression – Quadruped, ball compression, counter weight shift, knee scapular push-ups, knee push-ups; all as tolerated. Therapist directed RS and perturbations in quadruped – bilateral progressing to unilateral-tri pod position. • Supine progressing to standing PNF patterns, with resistance as appropriate. • 8-10 weeks—gym strengthening program to include chest fly and pressing motions. • Supine progressing to standing PNF patterns; resistance MANUAL INTERVENTION <ul style="list-style-type: none"> • STM and Joint mobilization to CT junction, GHJ and STJ as needed. CR/RS to gain ROM while respecting repaired tissue. Manual perturbations. PNF patterns. | <ul style="list-style-type: none"> • Full AROM • Normalize GH/ST arthrokinematics. • Activate RC/SS with isometric and isotonic progression. |

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| PHASE IV | 12 to 16 | <p>EXERCISE PROGRESSION</p> <ul style="list-style-type: none"> • Full range of motion all planes – emphasize terminal stretching. • Advance strengthening at or above 90° with prone or standing Y's, D2 flexion pattern 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. <p>MANUAL INTERVENTION</p> <ul style="list-style-type: none"> • STM and Joint mobilization to CT junction, GHJ and STJ as needed. • CR/RS to gain ROM while respecting repaired tissue. • Manual perturbations. • PNF patterns. <p>RETURN TO SPORT PROGRAM (16-24 WEEKS)</p> <ul style="list-style-type: none"> • Continue to progress RC and scapular strengthening program. • Continue with closed chain quadruped perturbations; add open chain as strength permits. • Advance gym strengthening program. • RTS testing for interval programs using microfet dynamometer. • Follow-up examination with the physician (3-4 months) for release to full activity. | <ul style="list-style-type: none"> • Normalize GH/ST arthrokinematics. • Advance gym strengthening program. • Begin RTS progression. • Evaluation with physician for clearance to full activity. |