

Clavicle Open Reduction An Internal Fixation (ORIF) Rehab Protocol

The purpose of this protocol is to work collaboratively with the clinician and provide a guideline for the postoperative rehabilitation course of a patient that has undergone a clavicle ORIF for broken collarbone. This protocol is by no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient, they should not hesitate to consult with the referring surgeon.

Please Note: The given time frames are an approximate guide for progression.

NO UPPER BODY ERGOMETER AT ANY TIME

Phase I □ First 4 weeks of therapy (Begins 3-4 weeks post-surgery)

- Wean out of sling at 3-4 weeks post-op. Most patients will be out of sling at start of therapy
- Passive Range of Motion: Gently increase PROM of shoulder and elbow in all directions to tolerance. Do not elevate surgical arm above 90 degrees in any plane until 6 weeks post-operatively.
- Active Assisted Range of Motion (AAROM): May begin once PROM adequate
- Precautions:
 - No AROM of the shoulder
 - Avoid weight bearing through arm / hand. No lifting >5lbs until at least 6 weeks post-operatively
- Active range of motion (AROM) of elbow/wrist/hand permitted.

GOAL: Gradual PROM/AAROM of shoulder with minimal pain. AROM of distal extremity to tolerance.

Phase II □ Weeks 4-8 of therapy

- Advance Passive and Active Assisted Range of Motion (PROM and AAROM) as tolerated
- Active range of motion (AROM) as tolerated
 - Perform in the scapular plane: Forward flexion, elevation and ER
- Strengthening/Stabilization
 - No shoulder strengthening until 4 months post-op
 - Progress scapular strengthening exercises as appropriate
 - Progress distal extremity exercises with light resistance as appropriate
 - Initiate glenohumeral and scapulothoracic rhythmic stabilization

GOAL: AROM with minimal pain. Early strengthening.

Phase III □ Weeks 8-12 of therapy

- Strengthening (not to begin prior to 4 months post-operatively)
 - Begin progressive supine active elevation strengthening (anterior deltoid)
 - Resisted flexion, elevation in the plane of the scapula, extension (therabands / sport cords)
 - IR, ER strengthening
- Progress ROM, tissue flexibility. Okay for joint mobilizations as tolerated.

GOAL: Gradual progression of strengthening once patient has adequate ROM

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Phase IV □ Beyond 12 weeks of therapy

Advanced strengthening phase (Not to begin before 16 weeks to allow for appropriate soft tissue healing and to ensure adequate ROM, and initial strength):

- Gradually progress strengthening program
- Gradual return to moderately challenging functional activities.
- Return to recreational hobbies, gardening, sports, golf, doubles tennis
- Discuss with surgeon for timing on return to contact sports

GOAL: *Slow and gradual pain-free progression of ROM and strength in order to return to all normal ADLs, work, and recreational activities.*

*****Expected Recovery Time is approximately 4-6 Months*****

NOTE: If you have any questions or concerns regarding any of the phases or advancements in this protocol, please do not hesitate to contact our office at 781-337-5555.

Robertson, G. A. J., and A. M. Wood. "Return to Sport Following Clavicle Fractures: a Systematic Review." *British Medical Bulletin*, vol. 119, no. 1, 2016, pp. 111–128., doi:10.1093/bmb/ldw029.