

Orthopaedic Associates of Zanesville Sports Medicine Division Physical Therapy Protocols Brad E. Brautigan MD

Rehabilitation Guidelines for Clavicle Open Reduction Internal Fixation

The intent of this protocol is to provide the clinician with a general guideline of the post-operative course of the patient that has undergone the above stated procedure. It is by no means intended to substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam findings, individual progress, and/or the presence of possible post-operative complications. If a clinician requires assistance in the progression, please contact the referring surgeon's office.

0-6 Weeks:

- PROM/AAROM as tolerated, except the following. . .
 - No active IR/ extension for 4 weeks.
- PROM in biceps flexion for first 4 weeks
- ROM goals: Week 1: 120° FF/20° ER at side; ABD max 75° without rotation
- ROM goals: Week 2: 140° FF/40° ER at side; ABD max 75° without rotation
- No resisted internal rotation/backward extension until 8-10 weeks post-op
- Grip strengthening OK
- Sling for 4 weeks

6-12 Weeks:

- Begin AAROM/AROM for internal rotation and backwards extension as tolerated, if not already begun.
- Goals: Increase ROM as tolerated with gentle passive stretching at end ranges
- Begin light resisted ER/FF/ABD: isometrics and bands, concentric motions
- No resisted internal rotation/backwards extension until 8-10 weeks post-op
- Begin eccentric motions, plyometrics, and closed chain exercises at 10-12 weeks.

>12 Weeks:

- Begin resisted IR/BE (isometrics/bands): isometrics/light bands/weights
- Advance strengthening as tolerated; 10 reps/1 set per exercise for rotator cuff, deltoid, and scapular stabilizers.
- Increase ROM to full with passive stretching at end ranges