

CLAVICLE FRACTURE ORIF

Post-Operative Physical Therapy Protocol



SCAN FOR THE
ONLINE VERSION



Stanford
MEDICINE

Dear Colleague,

I appreciate your partnership in the rehabilitation of this very special patient of ours. I have instructed the patient that you will be using this protocol. My belief is that the biggest predictor of success is what the patient does at home and consistently. **They should view you not just as a therapist but as a highly educated and skilled teacher** and the patient *must* be an active participant in the rehab process.

To facilitate this, I have included a copy of the rehab protocols I would like the patient to focus on at each time point in the rehab process. Please assist me by encouraging and teaching our mutual patient their home exercises as well.

With your help and the active participation of our patient, I know we can have another fantastic shoulder.

Please do not hesitate to reach out directly to me and my team with any questions at any time.

Respectfully,



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	WEEKS 0-2	WEEKS 2-6	WEEKS 6-12	WEEKS 12+
Forward elevation	PROM max 90°	Full PROM → AAROM → AROM <i>No restriction</i>	Full <i>Before strengthening</i>	Full
External rotation	PROM max 30°	As tolerated	Full	Full
Weight bearing / lifting	NWB	No lifting > 1-2 lb	Bands/weights > 5 lb <i>Once full ROM</i>	As tolerated
Sling	At all times <i>Except pendulums</i>	Wean as tolerated	None	None

SUMMARY

Sling	At all times for 2 weeks, except for pendulums (4 to 5 times a day); wean out as tolerated from 2 weeks.
Motion	PROM to 90° forward elevation and 30° ER for 2 weeks; then full PROM → AAROM → AROM without restriction.
Strengthening	Isometrics (deltoid, IR/ER at neutral) from week 0. No lifting > 1 to 2 lb until 6 weeks. Bands/weights once full ROM is achieved.
Return to sport	Return to sport determined by MD, around 3 months.

As tolerated means pain during exercise no more than 2/10 above baseline. Avoid pushing into pain.

WEEKS 0–2

- Sling at all times, except may remove for pendulum exercises 4 to 5 times per day.
- **Non weight bearing.**
- **PROM up to 90° forward elevation and 30° ER.**
- Isometric deltoid and IR/ER at neutral rotation.
- Hand squeeze; elbow, wrist, and finger AROM.

WEEKS 2–6

- May transition out of sling as tolerated.
- Progress to full PROM → AAROM → AROM as tolerated without restriction.
- **No lifting/resistance > 1 to 2 lb.**
- Scapular retraction; elbow, forearm, and ball squeeze exercises as tolerated.
- Stationary bike for cardiovascular.

WEEKS 6–12

- **Achieve full shoulder ROM prior to beginning strengthening.**
- Once full motion is achieved, may progress to strengthening with bands/weights up to > 5 lb.
- Begin light jog/treadmill if desired.

WEEKS 12+

- Increase resistance, weight bearing, and lifting as tolerated.
- Progressive return to full activities.
- **Return to sport determined by MD.** Around 3 months.

WEEK-BY-WEEK PROGRESSION

EXERCISE	1	2	3	4 (1 mo)	5	6	7	8 (2 mo)	9	10	12 (3 mo)	16	20	24 (6 mo)
Initial Exercises														
Sling at all times (off for pendulums 4-5x/day)														
Wean out of sling as tolerated														
Pendulums														
Hand squeeze; elbow, wrist, finger AROM														
Isometric deltoid, IR/ER at neutral														
PROM to 90° forward elevation, 30° ER														
Full PROM → AAROM → AROM, no restriction														
Scapular retraction; elbow, forearm, ball squeeze														
Advanced Exercises														
Strengthening with bands/weights once full ROM														
Increase resistance, weight bearing, lifting														
Progressive return to full activities														
Cardiovascular Exercises														
Stationary bike														
Light jog/treadmill														
High-Level Activities														
Return to sport determined by MD, around 3 months														

This protocol is a general guideline and does not replace the clinical judgment of the treating therapist and surgeon. Please contact our office with any questions.