

CLAVICLE NONUNION 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 2-4	WEEKS 4-6	WEEKS 6-12	WEEKS 12+
Forward elevation	Pendulums only	PROM/AAROM max 90° <i>Start supine</i>	PROM/AAROM max 120° <i>Start supine</i>	Progress to full AROM	Full
Weight bearing / lifting	NWB	No lifting > 1 lb	No lifting > 1 lb	WBAT; bands when ROM full	Increase resistance
Sling	At all times <i>Except pendulums</i>	When not exercising	When not exercising	D/C	None

SUMMARY

Sling	At all times for 2 weeks except for pendulums; weeks 2 to 6 when not performing exercises; discontinue at 6 weeks.
Motion	Pendulums and isometrics only for 2 weeks. PROM/AAROM (start supine) max 90° for weeks 2 to 4 and max 120° for weeks 4 to 6. Progress to full AROM from 6 weeks.
Strengthening	Isometric deltoid and IR/ER at neutral from week 0. No lifting > 1 lb until 6 weeks. Theraband IR/ER/FF/Ab once ROM is full; scapular stabilizers.
Return to sport	Return to sport determined by MD, around 6 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.**
- Isometric deltoid and IR/ER at neutral rotation.
- Hand squeeze; elbow, wrist, and finger AROM.

WEEKS 2–6

- Sling use when not performing exercises; otherwise wear at all times.
- Pendulum exercises as above; isometric deltoid and IR/ER at neutral rotation.
- **PROM/AAROM 90° max for weeks 2 to 4, and 120° max for weeks 4 to 6 (start supine).**
- **No lifting > 1 lb.**
- Scapular retraction; elbow, forearm, and ball squeeze exercises as tolerated.
- Stationary bike for cardiovascular.

WEEKS 6–12

- Discontinue sling and continue above exercises until goals are met.
- Progress to full AROM and weight bearing as tolerated.
- **Achieve full ROM prior to beginning strengthening.**
- Begin Theraband strengthening IR/ER/FF/Ab when ROM is full; scapular stabilizing exercises.
- Begin light jog/treadmill if desired.

WEEKS 12+

- Increase resistance to above strengthening exercises.
- Progressive return to full activities.
- **Return to sport determined by MD.** Around 6 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)														
Sling when not exercising														
Pendulums														
Hand squeeze; elbow, wrist, finger AROM														
Isometric deltoid, IR/ER at neutral														
PROM/AAROM max 90° (supine)														
PROM/AAROM max 120° (supine)														
Scapular retraction; elbow, forearm, ball squeeze														
Advanced Exercises														
Progress to full AROM and WBAT														
Theraband IR/ER/FF/Ab once ROM full; scapular stabilizers														
Increase resistance														
Progressive return to full activities														
Cardiovascular Exercises														
Stationary bike														
Light jog/treadmill														
High-Level Activities														
Return to sport determined by MD, around 6 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.