

POST-OP REHABILITATION GUIDELINES: CLAVICLE ORIF

Remain in arm sling for first 6 weeks post-op

Do not elevate surgical arm above 90° in any plane for first 4 weeks post-op

Do not lift any objects over 5 pounds with the surgical arm for first 6 weeks post-op

Avoid repeated reaching for the first 6 weeks

Cryotherapy (ice machine, ice bags) 3-5 times/day for swelling, inflammation, and pain control Maintain good upright shoulder girdle posture at all times and during sling use

Week 1:

- Pendulum swings
- squeeze ball
- triceps with Thera band
- isometric rotator cuff external and internal rotations with arm at side
- isometric shoulder abduction, adduction, extension and flexion with arm at side.
- Soft-tissue treatments for associated shoulder and neck musculature for comfort.
- Cardiovascular training such as stationary bike throughout rehabilitation period.

Weeks 2 - 6:

- Soft-tissue treatments for associated shoulder and neck musculature for comfort.
- Gentle pulley for shoulder ROM 2x/day.
- Elbow pivots PNF, wrist PNF.
- Isometric scapular PNF, mid-range.
- Strive for progressive gains to active 90 degrees of shoulder flexion and abduction (though not beyond 90 degrees).

Weeks 6 - 8:

- Start mid-range of motion rotator cuff external and internal rotations
- Active and light resistance exercises (through 75% of ROM as patient's symptoms permit) without shoulder elevation and avoiding extreme end ROM.

Weeks 8 - 12:

- Full shoulder Active ROM in all planes.
- Increase manual mobilizations of soft tissue as well as glenohumeral and scapulothoracic joints for ROM.
- No repeated heavy resisted exercises or lifting until 3 months.

Weeks 12+:

- Start a more aggressive strengthening program as tolerated.
- Increase the intensity of strength and functional training for gradual return to activities and sports.

Criteria for discharge:

1. Full, pain free range of motion
2. Strength is equal bilaterally
3. Has met specific functional/activity goals
4. Has been cleared by physician