

450 Broadway St. MC 6120
 Redwood City, CA 94063
 Ph: 650-723-5643
 Fax: 650-723-3429

OPEN REDUCTION INTERNAL FIXATION CLAVICLE NON-UNION

Name: _____

Diagnosis: _____

Date of Surgery: _____

Frequency: 1 2 3 4 times / week Duration: 1 2 3 4 5 6 Weeks

___ **Weeks 0 - 2**

- Sling at all times except may remove for pendulum exercises 4-5 times per day
- Non weight bearing
- Isometric deltoid and IR/ER at neutral rotation
- Hand squeeze, elbow/wrist/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 degrees max for weeks 2-4 (start supine)
- PROM/AAROM 120 degrees max for weeks 4-6 (start supine)
- No lifting > 1 lb
- Scapular retraction
- Elbow/forearm/ball squeeze exercises as tolerated
- Stationary bike for cardiovascular

___ **Weeks 6 - 12**

- D/c sling and continue above exercises until goals 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 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

Modalities:

Other:

Signature _____

Date: _____