450 Broadway St. MC 6120 Redwood City, CA 94063 Ph: 650-723-5643 Fax: 650-723-3429 3801 Miranda Ave. MC Ortho 112 Palo Alto, CA 94304 Ph: 650-493-5000 x66101 Fax: 650-849-1265

Date: _____

DISTAL CLAVICLE FRACTURE ORIF PROTOCOL

Name:
Diagnosis:
Date of Surgery:
Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 Weeks
Weeks 0 - 4
 Gunslinger sling x 6 weeks – even when sleeping (remove only for personal grooming) Hand squeeze, elbow/wrist/finger AROM
Weeks 4 - 6
 Continue sling (except for exercises and personal grooming) Begin gentle pendulums AAROM supine with broomstick (flexion to 90, abduction 60, IR/ER as tolerated) Gentle shoulder shrugs and scapular retraction without resistance Isometrics with 1-2 finger resistance Stationary bike with sling if desired for conditioning
Weeks 6 - 8
 D/c sling and continue above exercises AAROM supine with broomstick (Flex/Ab to 90, ER/IR as tolerated) Full pendulums Treadmill walking
Weeks 8 - 12
 AAROM - Flex/Ab to 120 (brookstick or wallclimb) progressing to AROM - Flex/Ab to 120 as long as relatively pain free Light Theraband resistance ER/IR with pillow in armpit (flex/ext/ab/scaption to 60) Standing rows, biceps, and supine triceps with Theraband Prone scapular retraction (light weight) and wall push-ups Eliptical with LOWER EXTREMITY ONLY (no handlebars)
Months 3 - 6
 AAROM and AROM through full range Increase resistance as tolerated Running No contact activities until at least 6 months post-op
Modalities/Other:

Signature _____