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

## OPEN REDUCTION INTERNAL FIXATION CLAVICLE FRACTURE

	Name:
	Diagnosis:
	Date of Surgery:
	Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 Weeks
We	eks 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
We	eks 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
We	eks 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
We	eks 12+
•	Increase resistance to above strengthening exercises Progressive return to full activities Return to sport determined by MD
/lodali	ties:
Other:	
Signatu	re Date: