Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

CLAVICLE FRACTURE (NON-OP)

NON-OP PHYSICAL THERAPY PROTOCOL

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Patient Name: _____ **Date**: _____

__X__ **Evaluate and Treat** __X__ **Provide patient with home program**

Frequency: ___2-3___ **x/week x** ___6___ **weeks**

__**Phase I (0-1 wks)**: *Initial wound healing, fracture consolidation.*
-No formal PT.
-ROM at home (Codmans, elbow/wrist ROM in sling)

__**Phase II (1-3 wks)**: *Protected ROM.*

-Start formal PT
-Sling at all times (may remove for showering)
-Supervised A+PROM forward elevation, IR/ER with arm at side

__**Phase III (3-6 wks)**: *Begin strengthening.*
-D/C sling at 3 wks
-Continue AA+PROM fflex, IR/ER with arm at side
-goals by 6 wks: fflex >140 deg, ER @ side >40 deg
-Begin isometric and active-assisted cuff and periscapular strengthening (below shoulder level) and progress as tolerated.

__**Phase IV (6-12 wks)**: *Advance strengthening*.
-Progress A+PROM in all planes
-Start gentle active cuff and periscapular strengthening (below shoulder level); advance as tolerated.

__**Phase IV (3-6 mos)**: *Sport-specific*
-Maintenance program of cuff and periscapular stretching/strengthening
-Transition to sport/labor-specific activities

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient __ would __would not benefit from social services.

_____ Date:_____

Bryan M. Saltzman, MD