



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:** _____

Evaluate and Treat **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 flex, IR/ER with arm at side

-goals by 6 wks: flex >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: _____

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