



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

CLAVICLE OPEN REDUCTION INTERNAL FIXATION (ORIF)

PHYSICAL THERAPY PROTOCOL

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Patient: _____

Date of Surgery: _____

Frequency: _____ x/week x _____ 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 A+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: _____

Bryan M. Saltzman, MD