



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:_____

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