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CLAVICLE ORIF REHABILITATION PROTOCOL

Phase	Restrictions	Therapeutic Exercises
Phase 1: Weeks 0-2	-Sling for comfort during the day -Sleep in the sling for the first 2 weeks	-PROM, AROM, AAROM: 0-90 degrees flexion and abduction, and external rotation 0-30 degrees
Goals: Reduce swelling and edema, minimize pain,	-NO lifting more than 3lbs for 4 weeks	-Unrestricted elbow, wrist, and hand range of motion
retard muscle atrophy, protect the surgical repair, and		and strengthening
avoid shoulder stiffness		-Cervical stretching and range of motion -Modalities PRN
Phase 2: Weeks 3-6	-Sling for comfort during the day and at night -NO lifting more than 3lbs for 4 weeks	-Progress to full range of motion in all planes -Posterior capsule mobilizations
Goals: Progress range of motion, minimize pain, retard	No menig more than sibs for 4 weeks	-Avoid anterior shoulder stretches and closed chain
muscle atrophy, protect the repair, and begin		exercises
neuromuscular control		-Initiate open chain scapular stabilization exercises -Begin UBE biking (peddling with contralateral side)
Phase 3: Weeks 7-12	-Discontinue sling	-Continue full passive, active, and active assisted range
	-Begin strengthening but avoid heavy lifting	of motion without resistance
Goals: Full range of motion, minimal pain, begin		-Progressive scapular strengthening exercises
muscular activation and strengthening, protect the		-Initiate shoulder proprioceptive exercises at 8 weeks
repair		-Begin gentle strengthening of the rotator cuff,
		deltoid, biceps, triceps, and pecs at week 8 -Begin UBE biking with resistance
Phase 4: Weeks 13-18	-Progressive strengthening	-Restore shoulder range of motion
	-No heavy weightlifting until 16 weeks	-Progress scapular strengthening exercises
Goals: Progression of functional activities, advanced		-Progress shoulder proprioceptive exercises
sport and recreational activity per surgeon	Criteria for Discharge:	-Begin plyometric exercises at week 14
	-Surgeon clearance	
	-<10% strength deficit	
	-Limb similarity index of 90% or greater -45/50 on biomechanical functional tests (if performed)	
	-NO pain or complaints of instability	