



OPEN REDUCTION INTERNAL FIXATION CLAVICLE NON-UNION

Name: _____

Diagnosis: _____

Date of Surgery: _____

Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 Weeks

___ Weeks 0 - 2

- Sling at all times except may remove for pendulum exercises 4-5 times per day
- Non weight bearing
- Isometric deltoid and IR/ER at neutral rotation
- Hand squeeze, elbow/wrist/finger AROM

___ Weeks 2 - 6

- Sling use when not performing exercises, otherwise wear at all times
- Pendulum exercises as above
- Isometric deltoid and IR/ER at neutral rotation
- PROM/AAROM 90 degrees max for weeks 2-4 (start supine)
- PROM/AAROM 120 degrees max for weeks 4-6 (start supine)
- No lifting > 1 lb
- Scapular retraction
- Elbow/forearm/ball squeeze exercises as tolerated
- Stationary bike for cardiovascular

___ Weeks 6 - 12

- D/c sling and continue above exercises until goals met
- Progress to full AROM and weight bearing as tolerated
- Achieve full ROM prior to beginning strengthening
- Begin theraband strengthening IR/ER/FF/Ab when ROM full
- Scapular stabilizing exercises
- Begin light jog treadmill if desired

___ Weeks 12+

- Increase resistance to above strengthening exercises
- Progressive return to full activities
- Return to sport determined by MD

Modalities:

Other:

Signature _____

Date: _____