Jennifer Thomson, MD
ORTHOPAEDIC SURGERY | SPORTS MEDICINE

Rehabilitation Protocol:
Open Reduction Internal Fixation of Clavicle Fracture

Phase I: 0-4 weeks

- Brace: Sling use at all times except hygiene & gentle exercise; after 2 weeks okay to remove while seated and awake with elbow supported but otherwise continue at night
- ROM:
> Active shoulder ROM: none
> Passive shoulder ROM: pendulums
> Elbow, wrist, digit ROM as tolerated - assisted bicep curls
- Weightbearing: Non-weightbearing
- Strengthening: Grip strengthening ok

Phase II: 4-6 weeks

- Brace: wean out of sling
- ROM: Limit extension to 20 deg, ER to 45 deg, flexion to 90 deg
> Active shoulder ROM: none
> Passive shoulder ROM: begin PROM
> Elbow, wrist, digit ROM as tolerated
- Weightbearing: Non-weightbearing

Phase III: 6-12 weeks

- Brace: sling only in public
- ROM: full
> Active shoulder ROM: begin active assisted ROM, then transition to active ROM as tolerated
>> Goals: full extension, rotation, 135 flexion, 120 abduction
> Passive shoulder ROM: PROM as tolerated
> Elbow, wrist, digit ROM as tolerated
- Weightbearing: <5 lbs
- Strengthening: gentle strengthening beginning below horizontal plane, no repeated heavy resisted exercises or lifting until 12 weeks
- Exercises:
-- Deltoid/cuff isometrics at 8 weeks
-- Begin resistive exercises for scapular stabilizers, biceps, triceps, and rotator cuff

Phase IV: 12-16+ weeks

- Brace: none
- ROM:
> Active shoulder ROM: active ROM as tolerated
> Passive shoulder ROM: passive ROM as tolerated
> Elbow, wrist, digit ROM as tolerated
- Weightbearing: advance as tolerated
- Strengthening: as tolerated, endurance training
- Transition to home exercise program
- Functional activities and sport-specific demands
- Return to sport after clearance by MD - noncontact typically ~14-16 weeks, contact typically ~18-20 weeks

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