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ORTHOPAEDIC SURGERY | SPORTS MEDICINE

Rehabilitation Protocol:
Open Reduction Internal Fixation of Distal Clavicle Fracture with Coracoclavicular Ligament Repair

Phase I: 0-4 weeks

- Brace: Sling use at all times except hygiene & gentle exercise
- 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 gradually over two weeks
- ROM:
> Active shoulder ROM: none
> Passive shoulder ROM: 0-90 FF, 0-45 ABD MAX, ER/IR as tolerated
> Elbow, wrist, digit ROM as tolerated
No cross body adduction x8 weeks
- Weightbearing: Non-weightbearing
- Strengthening: isometric exercises in all planes

Phase III: 6-12 weeks

- Brace: sling only in public
- ROM:
> Active shoulder ROM: begin active-assisted and active ROM after achieving passive ROM goals
> Passive shoulder ROM: 0-90 FF, 0-45 ABD MAX, ER/IR as tolerated
> Elbow, wrist, digit ROM as tolerated
No cross body adduction x8 weeks
- Weightbearing: Non-weightbearing
- Strengthening: isometric exercises in all planes. strengthening beginning below horizontal plane only after evidence of radiographic healing (minimum 8 weeks postop)

Phase IV: 12+ 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: as tolerated
- Strengthening: as tolerated, endurance training. Resistance above horizontal and in shoulder flexion after full ROM regained.
- Transition to home exercise program
- Functional activities and sport-specific demands
- Return to sport after clearance by MD - noncontact typically ~18 weeks, contact typically ~22 weeks (require full ROM, radiographic evidence of healing, strength >90% of contralateral extremity)

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