



CLAVICLE ORIF



Clavicle ORIF - Physical Therapy Prescription

Please fax progress notes to Advanced Orthopedics & Sports Medicine at 720-895-1121

Name: _____

Date of Surgery: _____

Diagnosis: R / L Midshaft Clavicle ORIF

Frequency: 2-3 times per week for 12-26 weeks, Therapy to start 3-5 days after surgery

PHASE I: Protect fixation (1 to 2 weeks)

- Sling: for comfort
- Motion: Immediate Pendulum ROM exercises, No overhead motion
- Strengthening: No resistive exercises/activities

PHASE II: Advance ROM (2-6 weeks)

- Sling: for comfort
- Motion: Immediate Pendulum ROM exercises, Begin gentle PROM above shoulder level, Begin AROM, AAROM in all planes to pain tolerance
- Strengthening: Begin gentle theraband resistive exercises

PHASE III: Restore function (6-12 weeks)

- Sling: Discontinue sling
- Motion: full motion by week 12
- Strengthening: Progress to higher weights and sports specific training at week 10
- Return to sports 3-6 months from surgery

Criteria for discharge:

1. Full, pain free range of motion
2. Strength is equal bilaterally
3. Has met specific functional/activity goals
4. Has been cleared by physician

Signature: _____

Date:
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