

Clavicle Fracture ORIF Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

Single Plate (Standard): ☐	Dual Plate (Accelerated): ☐	Sling (comfort) d/c by _____ wks
CC Fixation (TightRope): ☐	Other Precautions:	

Parameters above are patient-specific and supersede the general timeframes below. Single plate follows the standard track; dual plate and CC fixation modifications are in amber callouts. Therapist to use clinical judgment to individualize exercise selection and pace within each phase.

Phase	Goals	Precautions	Treatment Focus
Phase 1 Weeks 0–2	Goals - Protect incision and fixation; control pain/swelling - Early shoulder motion to prevent stiffness	Precautions - Sling for comfort; wean as tolerated - Lifting ≤1–2 lbs; no push/pull or weight-bearing through arm - Elevation ≤90° Dual plate (accelerated): AROM as tolerated in all planes; no elevation limit If CC fixation (TightRope): protective sling 4–6 wks; PROM/AAROM ≤90°; no cross-body, IR behind back, or carrying	Treatment Focus - Pendulums; elbow/wrist/hand AROM daily - PROM/AAROM flexion, abduction, ER within limits - Scapular retraction/depression isometrics - Ice/modalities PRN
► Advance to Phase 2 when: incision healing well, pain controlled with daily activities, PROM progressing without fracture-site pain.			
Phase 2 Weeks 2–6	Goals - Discontinue sling - Full PROM; progress to full AROM by ≈6 wks - Restore scapulohumeral rhythm	Precautions - Lifting ≤5 lbs; no resistance, push-ups, planks - Progress elevation >90° as tolerated after ≈3 wks Dual plate (accelerated): ≤10 lbs; light band strengthening ≈3–4 wks If CC fixation (TightRope): Phase 1 limits through 6 wks	Treatment Focus - AAROM → AROM all planes (pulley, wall walks, cane) - Submax pain-free cuff/deltoid isometrics - Scapular stabilization; gentle cross-body adduction
► Advance to Phase 3 when: full pain-free AROM, no fracture-site tenderness, and bridging callus on 6-wk radiographs per physician.			
Phase 3 Weeks 6–12	Goals - Restore full strength/endurance - Normalize mechanics under load - Work-/sport-specific preparation	Precautions - Progress load with union; push-ups/planks ≈6 wks Dual plate (accelerated): non-contact return ≈6–8 wks If CC fixation (TightRope): strengthening ≈8 wks; no push-ups, bench, shrugs until ≈12 wks	Treatment Focus - Progressive resisted cuff, deltoid, periscapular strengthening (band → dumbbell) - Closed-chain/rhythmic stabilization progression - Conventional weight training as tolerated (machines → free weights) - Sport-/work-specific drills
► Full Release (Standard ≈12 wks; Dual plate ≈6–8 wks non-contact, ≈8–12 wks contact): union on x-ray, nontender, full pain-free ROM, strength ≥90% contralateral, physician cleared.			

Special Considerations

- Smokers, diabetics, or comminution may warrant the standard track.
- CC fixation (TightRope)** overrides the accelerated track (button subsidence/coracoid fracture risk); contact ≈4–6 months with maintained CC distance.
- Numbness below the incision is expected; report new neurologic symptoms, drainage, or fracture-site pain.

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.