**ORIF CLAVICLE PROTOCOL**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**\_\_\_\_\_\_Weeks 0-2:**

• Non-weightbearing to operative shoulder; Nothing heavier than cup of coffee x 6 weeks

• Elbow / Wrist / Hand / Finger active motion as tolerated

• Pendulum exercises for shoulder

• Ice frequently to help with swelling

• OK Shower POD3

• 1st post op visit for wound check, repeat radiographs at post op day 10-12

**\_\_\_\_\_\_Weeks 2-6:**

• Start passive ROM of shoulder, progress to active assisted and active ROM as tolerated

* ROM Forward Flexion 0-90 deg; Abduction 0-60 deg

• Continue Elbow / Wrist / Hand / Finger active motion as tolerated

**\_\_\_\_\_\_Weeks 6-10:**

• OK to start gentle strengthening exercises if cleared after radiographs at 6 weeks

• Progress to full ROM as tolerated

• Continue Elbow / Wrist / Hand / Finger active motion as tolerated

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_