PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

Diagnosis: (LEFT / RIGHT) Clavicle Fracture Surgery **DATE:**_____

SHOULDER PHYSICAL THERAPY PRESCRIPTION

General restrictions:

- Sling X 2 weeks (Elbow, wrist and fingers ROM 3 times a day out of sling)
- Activities of daily living below the shoulder weeks 2 to 6 post-operatively
- No weight training or lifting for at least 3 months

___ Range of Motion Active / Active-Assisted over limited ROM weeks 2-6

— No lifting anything heavier than a cup of coffee with (Left / Right) arm for at least 3 months

— Maintain motion below 90deg of forward elevation - weeks 2 to 6 postoperatively

— Unlimited ROM but no resistance exercises - 6 weeks postoperatively

— Begin resistance training of rotator cuff and peri-scapular muscles approximately after 6 weeks if cleared by M.D. (evidence of radiographic healing on follow up xray)

___ Rotator Cuff strengthening

___ Rotator Cuff, Deltoid and Scapular Stabilization program exercises
Begin below Horizontal, Begin with Isometrics for Rotator Cuff
Progress to Theraband, then to Isotonics

___ Progress to Deltoid, Lats, Triceps and Biceps. Progress Scapular Stabilizers to Isotonics below Horizontal

Treatment: _____ times per week **Duration: _____ weeks** **Re-evaluate at 12 weeks**

Transition to home program when appropriate: _____

Physician's Signature:_____
Thomas Kremen, MD, UCLA Department of Orthopaedic Surgery