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## Clavicle Fracture Post-Operative Protocol

Date:

| Diagnosis: |  |  |  |
|------------|--|--|--|
|            |  |  |  |

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

# Phase I – Maximum Protection

### Weeks 0 to 2:

- Use sling and immobilize arm at all times day and night, off for hygiene and gentle exercise only
- <u>Goals</u>
  - Reduce inflammation
  - Maintain elbow and wrist ROM

### Exercise progression

- Elbow/wrist ROM
  - Grip strengthening at home only

### Weeks 3 to 6:

- Sling only worn during daytime
  - Goals

0

 $^{\circ}$  Limit flexion to 90°, external rotation to 25°, and extension to 20°

### Exercise progression

- Begin PROM activities
- Codman's, posterior capsule mobilizations
- Avoid stretch of anterior capsule and extension
- Closed chain scapula

# Phase II – Progressive Stretching and Early Strengthening

### Weeks 6 to 12:

#### Goals

- Begin active/active assistive ROM
- PROM to tolerance
- $\circ$  Full extension and rotation, 135° flexion, 120° abduction
- Discontinue sling use

#### Exercise progression

- Continue Phase I work
- Deltoid/rotator cuff isometrics at 8 weeks
- Begin resistive exercises for scapular stabilizers, biceps, triceps and rotator cuff
  \*Utilize exercise arcs that protect the anterior capsule from stress during resistive exercises, and keep all strengthening exercises below the horizontal plane in phase II

# Phase III – Advanced Strengthening and Proprioception

#### Weeks 12 to 16:

#### <u>Goals</u>

• Gradual return to full AROM

#### **Exercise progression**

- Advance activities in Phase II; emphasize external rotation and latissimus eccentrics, glenohumeral stabilization
- Begin muscle endurance activities
- Aggressive scapular stabilization and eccentric strengthening
- Begin plyometric and throwing/racquet program, continue with endurance activities
- Cycling/running okay at 12 weeks or sooner if given specific clearance

#### Weeks 12 to 16:

#### <u>Goals</u>

• Progress Phase III activities, return to full activity as tolerated

Comments:

Frequency:\_\_\_\_\_times per week

Duration:\_\_\_\_\_weeks

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

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