



# UNION GENERAL ORTHOPEDICS & SPORTS MEDICINE

AFFILIATE OF: UNION GENERAL HEALTH SYSTEM

Jacob B. Stirton, MD

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706-439-6858

## ACCELERATED CLAVICLE ORIF PHYSICAL THERAPY

### Philosophy

This protocol is to be utilized as a guideline. There will always be individual differences amongst patients regarding progression and tolerance of specific activities. Progression through the protocol will depend on successful accomplishments of set milestones as assessed by the physician and the physical therapist/athletic trainer.

The physical therapist and patient must constantly be aware of changes in condition, including but not limited to signs and symptoms of joint irritation/pain, tendonitis, and effusion. The patient's home exercise program is of utmost importance and should be monitored and emphasized.

Rehabilitation should create the optimal environment for the natural process of healing to occur. Initially, there should be a strong emphasis on minimizing swelling and pain as well as motion restoration. If a patient's progress is significantly delayed, please contact the physician office to keep them informed.

If you have any questions regarding this protocol, please contact the UGH Orthopedics and Sports Medicine Department at (706) 439-6858.

**CAUTION:** Return to intense activities such as lifting and sports early post-operatively may increase the overall chance of setbacks like reinjury and symptoms of pain, swelling, or instability should be closely monitored and reported by the patient.



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## Phase I (0-2 weeks)- Protective

### Goals

1. Protect repair; educate patient regarding post-operative precautions
2. Home pendulum exercises
3. Decrease pain and inflammatory response

### Precautions

1. **Wear sling at all times for 2 weeks except during exercises**
2. **No weight bearing**
3. **No AROM outside of pendulum exercises**

### Exercises:

#### Weeks 0-2

1. Initiate scapula retraction/ scapular awareness
2. Pendulum exercises
3. Initiate cervical spine, elbow, wrist, and hand AROM
4. Modalities as needed for pain control
5. Trunk stabilization



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## Phase II (2-4 weeks) - Progressive range of motion

### Goals

1. Eliminate shoulder pain
2. Achieve full ROM
3. Improve proprioception
4. Assure normal scapulohumeral rhythm

### Precautions: No weight bearing

### Exercises:

#### Weeks 2-4

1. Continued PROM to WNLs
2. Initiate external rotation @ 90degrees of abduction as needed
3. Initiate proprioception and kinesthetic awareness drills
4. Exercise bike
5. Initiate AAROM utilizing pulley, t-bar, table slides, etc



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## **Phase III (4-6 weeks) - Strengthening**

### **Goals:**

1. Full AROM in all planes
2. Minimal to no shoulder pain with moderate to demanding ADLs
3. Improved rotator cuff and scapulothoracic strength. May begin adding exercise bands to program as indicated
4. Normal scapulohumeral rhythm with active motions

**Precautions: No free weights. No resistance over 15 pounds. No sports until released by MD.**

### **Exercises**

#### **Weeks 4-6**

1. Continue stretching prn and strengthening as above
2. Exercise bike
3. Elliptical
4. Rotator cuff strengthening
5. Scapular stabilization



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## Phase IV (6-10 weeks) – Progressive Strengthening

### **Goals:**

1. Full AROM in all planes
2. No shoulder pain with demanding ADLs
3. Full strength. May begin adding free weights to program as indicated
4. Normal scapulohumeral rhythm with active motions

**Precautions: No sports until released by MD.**

### **Exercises**

#### **Weeks 6-10**

1. Continue stretching prn and strengthening as above
2. Exercise bike
3. Elliptical
4. Treadmill
5. Free weight training