This rehabilitation program is designed to return the individual to their full activities as quickly and safely as possible, following a shoulder Clavicle Fracture ORIF Repair. Modifications to this guideline may be necessary dependent on physician specific instruction or other procedures performed. This evidence-based guideline is criterion-based; time frames and visits in each phase will vary depending on many factors. The therapist may modify the program appropriately depending on the individual's goals for activity following this surgery.

This guideline is intended to provide the treating clinician a frame of reference for rehabilitation. It is not intended to substitute clinical judgment regarding the patient's post-operative care based on exam/treatment findings, individual progress, and/or the presence of concomitant procedures or post-operative complications. If the clinician should have questions regarding post-operative progression, they should contact the referring physician.

Phase	Suggested Interventions	Goals and Precautions
Phase I Weeks 1-3	Full time in sling Avoid IR behind the back, lifting more than 1-2 lbs, and horizontal adduction. Exercises: • Cervical range of motion as tolerated • Active Wrist and hand range of motion • Passive elbow flexion and extension • Shoulder shrugs and scapular retraction (preventing shoulder extension) • PROM table slides into flexion to 90 degrees only Ice and modalities for pain and swelling Begin Shoulder Pendulums at 1 week post op. Passive ROM AT 3 WEEKS: flexion and abduction to 90°, ER up to 45° as tolerated with elbow at side, IR to 45° with elbow away from side in supine, extension to 20°	Goals/Milestones for Progression: 1. Protection of the post-surgical shoulder 2. Diminish pain and inflammation 3. Postural education: don't slouch 4. Pain free PROM up to 90 degrees Precautions/Instructions: 5. Maintain use of sling at all times for 3-4 weeks or until physician instructs to d/c 6. Sleep in immobilizer for 3-4 weeks or until physician instructs to d/c 7. No AROM ER, extension, or abduction 8. PT Ordered per physician discretion 9. NWB x 6 weeks post op 10. No lifting > 1-2lbs x 6 weeks

Phase II Weeks 3-6	May gradually discontinue sling around the house at 4 weeks if comfortable. Still need sling when going out in public up until 6 weeks post-op. Range of motion: • Passive flexion and abduction to 120° • ER and IR as tolerated in supine • Begin posterior capsule stretches. No inferior or anterior GH mobilization. • Active elbow flexion and extension Exercises: • Begin no-load serratus exercise at 5-6 weeks. • Advance to passive multi-plane pulley when 120° flexion is achieved in supine. • Begin limited range, no resisted active ER and IR with towel roll • Submaximal isometrics with elbow at side If pain level is not decreasing, decreased intensity and volume of exercise Begin AAROM and AROM below 90 degrees, pain free Modalities for pain, as needed	Goals/Milestones for Progression: 1. Prevent negative effects of immobilization 2. Range of motion as allowed per guideline 3. Scar tissue management 4. Begin light pain free strengthening in neutral Precautions/Instructions: 1. Decrease exercise if increased pain 2. NWB x 6 weeks post op 3. No lifting > 1-2lbs x 6 weeks
Phase III Weeks 6-9	Range of motion as tolerated in all planes Mobilization to GH joint as needed Exercises: • Begin UBE, below shoulder level • May start sleeper stretch and functional IR behind the back • Supine kinesthetic awareness exercise in ER/IR only, low load	Goals/Milestones for Progression 1. DC Immobilizer Precautions/Instructions 1. All exercises and activities to remain non-provocative 2. Begin strengthening exercises only if overall pain level is low

	• Begin rows with Thera band, but not beyond plane of body • Advance pulley to active assisted in multiple planes. • Begin light Thera band for IR, ER, flexion, abduction, biceps and triceps below shoulder level and advance as tolerated. • Begin strengthening exercises only if overall pain level is low • Modalities for pain as needed.	Address capsule tightness appropriately
Phase IV Weeks 9-12	Continue stretches towards normal ROM Continue posterior capsule stretches as needed May begin running at 12 weeks Exercises: • Increase resistance with Theraband exercises as tolerated • Prone T's and Y's • Begin supine, low intensity rhythmic stabilization at 110-120° flexion for rotator cuff and deltoid co-contraction. • Advance kinesthetic awareness exercise to multi-angle and gradually work from short to long lever arm	Goals/Milestones for Progression ROM: Full extension, Full External Rotation, Full Internal rotation, 135° Flexion, 120° Abduction Precautions/Instructions 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

	• Closed Kinetic Chain progression: quadruped, ball compression, wall pushups, knee pushups. May add perturbations from therapist in each position. • Overhead ROM progressing from light to moderate resistance • ER/IR strength at 90/90 • Plyometric training at 10-12 weeks • Sports specific training at 10-12 weeks Progress only without increase signs of inflammation Modalities as needed for pain	
Phase V 3-6 months	Continue stretches and mobilizations as needed to maintain full ROM Exercises: • Advance strengthening for rotator cuff, low weight, increasing reps • Advance scapular stabilization exercises and eccentric strengthening • Advance strengthening for the rest of the upper extremity • Begin muscle endurance activities (upper body ergometer) • Begin plyometric and throwing program • Start light weight training and progress as tolerated	Goals Full AROM and flexibility Instructions Gradual progression with pressing and overhead activity Cycling/running okay at 3 months or sooner if given specific clearance Gradual return to full activity as tolerated Limited return to sports activities as directed by physician Return to Sport 3-6 months. Follow RTS criteria for Upper extremity.

	• No bench press until after 16 weeks. • Progress to light work simulation at 4-5 months or as requested by physician	