

**Dr. Pathik Shah**  
***Sports, Revision Sports and Regenerative Sports Orthopaedic Surgeon***  
DNB Ortho (Mumbai), MNAMS (New Delhi), MBBS  
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**CLAVICLE POST-OPERATIVE PHYSICAL THERAPY PRESCRIPTION**

**Diagnosis: ORIF Clavicle Fracture**

**Phase I (0 to 6 weeks)**

**Goals:**

- Protect the surgical repair
- Ensure wound healing
- Prevent shoulder stiffness
- Regain range of motion
- Control pain and swelling

**Activities:**

**Sling:**

Use your sling most of the time for the first two weeks. Dr. Jones will give you additional instructions on the use of the sling at your post-operative office visit. Remove the sling 4 or 5 times a day to do pendulum exercises.

**Use of the operated arm:**

- Do not elevate surgical arm above 90° in any plane for the first 3 weeks post-op.
- Do not lift any objects over 1 or 2 lbs. with the surgical arm for the first 6 weeks.
- Avoid excessive reaching and external/internal rotation for the first 6 weeks.

**Showering:**

You may shower or bath and wash the incision area. To wash under the operated arm, bend over at the waist and let the arm passively come away from the body. It is safe to wash under the arm in this position. This is the same position as the pendulum exercise.

**Exercise Program:**

Ice 7 days per week as necessary /15-20 minutes 4-5 times per day

**STRETCHING / PASSIVE MOTION**

7 days per week as necessary 4-5 times per day

- Pendulum exercises
- Supine External Rotation
- Supine assisted arm elevation limit to 90° weeks 1-3 and 120° weeks 3-6
- Isometric exercises: internal and external rotation at neutral
- Elbow and forearm exercises
- Ball squeeze exercise
- Scapular retraction

**Phase II (7 to 12 weeks)**

**Goals:**

- Protect the surgical repair
- Improve range of motion of the shoulder
- Begin gentle strengthening

**Activities:**

**Sling:**

Your sling is no longer necessary unless your Dr. Jones instructs you to continue using it (use it for comfort only).

**Use of the operated arm:**

You can now move your arm for most daily activities, but at first, you need to continue to be careful not to lift objects heavier than 1 or 2 lbs. and avoid forceful pushing or pulling activities.

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**Showering**

Continue to follow the instructions from phase one and the instructions above.

**Exercise Program:**

**STRETCHING / ACTIVE MOTION**

7 days per week as necessary 1-3 times per day

- Supine External Rotation
- Standing External Rotation
- Supine assisted arm elevation
- Arm Elevation in scapular plane
- Behind the back internal rotation
- Horizontal adduction
- Biceps curl
- Hands behind-the-head stretch
- ER @ 90° abduction stretch
- Proprioception drills
- Rhythmic stabilization
- Scapulohumeral Rhythm exercises Initiate
- Side lying IR @ 90°

**STRENGTHENING / THERABAND**

- Internal and External rotation
- Row
- Forward punch (Serratus punch)

**STRENGTHENING / DYNAMIC**

- Side lying ER
- Prone row
- Prone extension
- Prone 'T's
- Prone 'Y's
- Standing scaption
- Isotonic biceps curl
- Push-ups into wall at week 8 (then push-up progression per surgeon)

**Phase III (13 to 18 weeks)**

**Goals:**

Protect the surgical repair  
Regain full range of motion  
Continue strengthening progression

**Activities:**

**Use of the operated arm:**

You may now safely use the arm for normal daily activities involved with dressing, bathing and self-care. You may raise the arm away from the body; however, you should not raise the arm when carrying objects greater than one pound. Any forceful pushing or pulling activities could still disrupt the healing of your surgical repair. Continue to avoid lifting weighted objects overhead.

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**Exercise Program:**

**STRETCHING / RANGE OF MOTION**

7 days per week as necessary 1-2 times per day

- Pendulum exercises
- Standing External Rotation / Doorway
- Wall slide Stretch
- Hands-behind-head stretch
- Standing Forward Flexion
- Behind the back internal rotation
- Horizontal Adduction Stretch
- Side lying internal rotation (sleeper stretch)
- External rotation at 90° Abduction stretch

**STRENGTHENING / THERABAND**

7 days per week as necessary 1 time per day

- Internal and External rotation
- Standing Forward Punch
- Dynamic hug
- Seated Row
- Biceps curl

**STRENGTHENING / DYNAMIC**

7 days per week as necessary 1 time per day

- Side lying ER
- Prone Horizontal Arm Raises 'T's
- Prone row
- Prone 'Y's
- Prone extension
- Standing forward flexion "full-can" scaption
- Add progressive resistance 1 to 5 lbs.
- Rhythmic stabilization and proprioceptive training drills with physical therapist
- Continue push-up progression
- Limited weight training can begin week 13

**Phase IV (19 to 28 weeks)**

**Goals:**

Progression of functional activities  
Maintain full range of motion  
Continue progressive strengthening  
Advance sports and recreational activity per surgeon

**Exercise Program:**

**STRETCHING / RANGE OF MOTION**

5-7 days per week as necessary 1 time per day

Continue all exercises from phase III

**STRENGTHENING / THERABAND**

3 days per week as necessary 1 time per day

Continue from phase III

**STRENGTHENING / DYNAMIC**

3 days per week as necessary 1 time per day

Continue from phase III

Closed Kinetic Chain Exercises

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**PLYOMETRIC PROGRAM**

Usually for throwing and overhead athletes  
 Days per week and times per day per physical therapist

- 'Rebounder' throws with arm at side
- Wall dribbles overhead
- Rebounder throwing/weighted ball
- Deceleration drills with weighted ball
- Wall dribbles at 90°
- Wall dribble circles

**WEIGHT TRAINING**

Progressive return to weight training based upon surgeon's advice

**INTERVAL SPORT PROGRAMS**

Progressive return to sports based upon surgeon's advice

Post-Op Phase	Sling	Range of Motion	Therapeutic Exercises	Precautions	
<b>Phase I (Weeks 0-6)</b>  <b>Goals:</b> -Allow healing of repaired tissue  -Initiate early protected and restricted range of motion  -Minimize muscular atrophy  -Decrease pain/inflammation  -Ice shoulder 3-5 times (15 minutes each time) per day to control swelling and inflammation	-Per MD instructions. An arm sling / support is used for 6 weeks post-op whenever standing	Weeks 1-3  -Flexion to 90° as tolerated  -ER @ 0° as tolerated  -IR and ER @ 90° to 45°  -No IR behind back  -No horizontal adduction  Weeks 3-6  -Flexion to 120°	-Pendulum exercises  -Supine forward flexion with wand  -Shoulder abduction limit 90°  -Supine ER at neutral  -Scapular retraction	-Isometrics: ER, IR, FLX, EXT, ABD  -Ball squeeze  -Elbow and forearm exercises  -Theraband exercises  Starting weeks 3-6 ER, IR (limit IR to neutral)	-Do NOT let weight of arm pull on fixation device x 6 weeks  -DO NOT elevate surgical arm above 90° in any plane for the first 3 weeks post-op  -DO NOT lift any objects over 1 to 2 lbs. with the surgical arm for the first 6 weeks  -AVOID EXCESSIVE reaching and external/internal rotation for the first 6 weeks

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<p><b>Phase II (Weeks 7-12)</b></p> <p><b>Goals:</b></p> <ul style="list-style-type: none"> <li>-Gradually restore range of motion</li> <li>-Increase strength</li> <li>-Improve neuromuscular control</li> <li>-Enhance proprioception and kinesthesia</li> </ul>	<p>D/C</p>	<ul style="list-style-type: none"> <li>-In general, increase ROMs gradually as tolerated</li> <li>-Shoulder flexion and abduction to tolerance (full by week 12)</li> <li>-Horizontal adduction as tolerated</li> <li>-Progressive IR and ER as tolerated</li> </ul>	<ul style="list-style-type: none"> <li>-Gradually improve ROM all planes</li> <li>-Elevation in scapular plane</li> <li>-Wall slide</li> <li>-IR behind back to beltline only</li> <li>-Horizontal adduction active reach only</li> <li>-Hands behind-the-head stretch</li> <li>-ER @ 90° abduction stretch</li> <li>-Side lying IR @ 90°</li> <li>-Standing External Rotation</li> </ul>	<ul style="list-style-type: none"> <li>-Theraband exercises: Continue phase I Biceps curl Row Forward punch (Serratus punch)</li> <li>-Dynamic exercises: PRE 1-5 lbs as tolerated</li> <li>-Side lying ER</li> <li>-Prone row</li> <li>-Prone extension</li> <li>-Standing forward flexion to 90°</li> <li>-Prone 'T's</li> <li>-Standing scaption</li> <li>-Isotonic biceps curl</li> <li>-Prone 'Y's</li> <li>-Rhythmic stabilization</li> <li>- Proprioception drills</li> <li>- Scapulohumer al Rhythm exercises</li> <li>-Initiate push-ups into wall at week 8 (then push-up progression per MD)</li> </ul>	<ul style="list-style-type: none"> <li>-Progress based on fracture healing</li> <li>-Progressive PRE</li> <li>-Avoid forceful pushing, pulling and lifting overhead</li> </ul>
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<p><b>Phase III (Weeks 13-16)</b></p> <p><b>Goals:</b></p> <ul style="list-style-type: none"> <li>-Progress to full ROM</li> <li>-Improve: strength / power / endurance</li> <li>-Improve neuromuscular control</li> <li>-Improve dynamic stability</li> <li>-Improve scapular muscular strength</li> </ul>	<ul style="list-style-type: none"> <li>-Progress to full ROM</li> <li>-Horizontal adduction stretch</li> <li>-IR behind back full</li> <li>-External rotation at 90° abduction stretch</li> </ul>	<ul style="list-style-type: none"> <li>-Continue theraband and dynamic exercises from phase I and II</li> <li>Theraband:               <ul style="list-style-type: none"> <li>-Add 'T's, diagonal up and down,</li> <li>External rotation at 90°, Internal rotation at 90°</li> </ul> </li> <li>Dynamic:               <ul style="list-style-type: none"> <li>-Continue previous</li> <li>-Progressive resistance as tolerated</li> </ul> </li> <li>-Weight training can begin at 12 weeks</li> <li>-Machine resistance (limited ROM):               <ul style="list-style-type: none"> <li>-Biceps and Triceps</li> <li>-Front pull downs</li> <li>-Seated row</li> <li>-Seated bench press at week 16</li> </ul> </li> <li>-Other weight training per surgeon's permission</li> </ul>	<ul style="list-style-type: none"> <li>-Gradual return to recreational activities without force on the arm</li> </ul>	<ul style="list-style-type: none"> <li>-Continue to avoid forceful pushing, pulling, and lifting overhead</li> </ul>
<p><b>Phase IV (Weeks 16-18)</b></p> <p><b>Goals:</b></p> <ul style="list-style-type: none"> <li>-Progressively increase activities to prepare patient for unrestricted functional return</li> <li>-Progress to full sports based upon healing of clavicle fracture and MD approval</li> </ul>	<ul style="list-style-type: none"> <li>-Full ROM</li> </ul>	<ul style="list-style-type: none"> <li>May progress CKC program:               <ul style="list-style-type: none"> <li>-Ball on wall</li> <li>-Push-up on unstable surface at 16 weeks</li> </ul> </li> <li>Plyometric exercises for throwers:               <ul style="list-style-type: none"> <li>-Rebounder throws arm at side</li> <li>-Wall dribbles overhead</li> <li>-Rebounder throws with weighted ball</li> <li>-Decelerations, wall dribbles at 90</li> <li>-Wall dribble circles</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>-Interval sports programs can begin</li> <li>-Strength athletes can gradually resume regular training as tolerated</li> </ul>	<ul style="list-style-type: none"> <li>-Weight training precautions</li> </ul>