

Physical Therapy Prescription Clavicle Fracture ORIF

Patient Name: _____ **Today's Date:** _____ **Surgery Date:** _____

Diagnosis: s/p (LEFT / RIGHT) CLAVICLE FRACTURE ORIF

RECOVERY / RECUPERATION PHASE: WEEKS 0-6

- Restore full ROM
- Modalities, Cryocuff / Ice, prn
- Grip strengthening
- Codman's / Pendulum exercises – i.e. pulleys, cane, etc.
- Biceps, Triceps Isotonics. Deltoid Isotonics in plane of Scapula (week #3)
- Isometrics: Deltoid
 - IR / ER below horizontal
- Joint mobilization
- POSTERIOR CAPSULE STRETCH WHEN WARM
- Cardiovascular training as tolerated

WEEKS 6-10

- Continue with upper extremity PRE's
- Continue with Scapular stabilization / strengthening exercises
- Begin IR / ER Isotonic exercises below horizontal, emphasize Eccentrics
- Begin IR / ER Isokinetics week #6
- Begin Biceps PRE's
- Continue with flexibility activities
- Begin functional activities week #6
- Begin plyometrics, limited PRE & speed

RETURN TO SPORT PHASE

- IR / ER Isokinetics
- Trunk exercises for sport specific activities (i.e. tennis, golf, skiing, etc)
- Aggressive upper extremity PRE's
- Continue plyometrics
- Progress PRE's from side for overhead athletes
- Return to limited sports _____
full activities _____

Frequency & Duration: (circle one) 1-2 2-3 x/week for _____ weeks Home Program

**Please send progress notes.

Physician's Signature: _____ **M.D.**