

Christopher M. Brusalis, MD
 Phone: (516)-743-3036
 Fax: (516)-743-3576
 Email: DrBrusalisOffice@hss.edu
 Website: www.BrusalisMD.com



Physical Therapy following

Open Reduction and Internal Fixation (ORIF) of a Clavicle Fracture

The following is a basic framework from which to work during rehabilitation following open reduction and internal fixation (ORIF) of a clavicle fracture. Physical therapists may employ specific exercises at their discretion within these guidelines. We encourage patients and therapists to communicate with Dr. Brusalis and his staff with any questions.

	Range of Motion	Immobilizer	Exercises
Phase I 0-6 weeks	0-2 weeks: Codman's pendulums only 2-6 weeks: Begin physical therapy Limit to 90° of flexion, 45° ER, 20° extension, 45° abduction	0-4 weeks: worn at all times (day and night) Off for gentle exercise and hygiene only 4-6 weeks: Wear during daytime when in public	0-2 weeks: Elbow/wrist ROM, grip strengthening, and pendulums at home only 2-6 weeks: Codman's, posterior capsule mobilizations, closed chain scapula Avoid stretching of anterior capsule, avoid extension
Phase II 6-12 weeks	Begin active/active-assisted ROM, passive ROM to tolerance Goals: full ER, 135° flexion, 120° abduction	None	Continue Phase 1 work, begin active-assisted exercises, deltoid/rotator cuff isometrics at 8 weeks Begin resistive exercises for scapular stabilizers, biceps, triceps, and rotator cuff

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	Range of Motion	Immobilizer	Exercises
Phase III 12-18 weeks	Gradual return to full AROM	None	<p>Advance activities in Phase II, emphasize ER and latissimus eccentrics, glenohumeral stabilization</p> <p>Begin muscle endurance activities (i.e. upper body ergometer)</p> <p>Aggressive scapular stabilization and eccentric strengthening</p> <p>Begin plyometric and throwing/racquet program, continue with endurance activities</p> <p>Cycling/running okay at 12 week</p>
Phase IV 4-5 months	Full and pain-free	None	<p>Maintain ROM and flexibility</p> <p>Progress Phase III activities, return to full activity as tolerated</p>