



Steven Pancio, M.D.

Orthopedic Surgeon

www.PancioOrthopedics.com

**CLAVICLE FRACTURE REHABILITATION PROTOCOL**

	<b>RANGE OF MOTION</b>	<b>IMMOBILIZER</b>	<b>EXERCISES</b>
<b>PHASE I</b> 0-6 weeks	<b>0-4 weeks:</b> None  <b>4-6 weeks:</b> begin PROM  Limit flexion to 90°, external rotation to 45°, extension to 20°	<b>0-4 weeks:</b> Immobilized at all times day and night  Off for hygiene and gentle exercise only	<b>0-4 weeks:</b> elbow/wrist ROM, grip strengthening at home only  <b>4-6 weeks:</b> begin PROM activities – Codman’s, posterior capsule mobilizations; avoid stretch of anterior capsule and extension; closed chain scapula
<b>PHASE II</b> 6-12 weeks	Begin active/active assistive ROM, PROM to tolerance  <b>Goals:</b> Full extension rotation, 135° flexion, 120° abduction	None	Continue Phase I work; begin active-assisted exercises, deltoid/rotator cuff isometrics at 8 weeks  Begin resistive exercises for scapular stabilizers, biceps, triceps and rotator cuff*
<b>PHASE III</b> 12-16 weeks	Gradual return to full AROM	None	Advance activities in Phase II; emphasize external rotation and latissimus eccentrics, glenohumeral stabilization  Begin muscle endurance activities (upper body ergometer)  Aggressive scapular stabilization and eccentric strengthening  Begin plyometric and throwing/racquet program, continue with endurance activities  Cycling/running okay at 12 weeks or sooner if given specific clearance
<b>PHASE IV</b> 4-5 months	Full and pain-free	None	Maintain ROM and flexibility  Progress Phase III activities, return to full activity as tolerated