

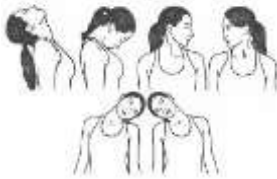
Patient Name: _____

Date of Surgery: _____

Clavicle ORIF (Open Reduction and Internal Fixation)

You will be required to wear a sling for the first 4 weeks which should be removed for exercises after week 2. During this period, it is important to maintain mobility of the surrounding joints to prevent stiffness. You will be guided on weaning off your sling at your 4 week review with Prof. Moran. It is recommended that you see your physiotherapist 10-14 days post-surgery to commence your rehabilitation. The following exercises should be carried out 3-4 times daily.

1. Neck Range of Movement



Turn your head to one side, then the other. Repeat 10-15 times Tilt your head towards one shoulder, then the other.

Repeat 10-15 times.

2. Elbow Range of Movement



Take your arm out of the sling. Keep your arm by your side. Straighten your elbow fully and bend it fully.

Repeat 10-15 times.

3. Wrist Range of Movement



Move your wrist up and down. Rotate it in circles, clockwise and anti-clockwise.

Repeat 10-15 times.

4. Shoulder Blade Exercise



Keep your arms relaxed. Square your shoulder blades (pull them back and slightly down). Do not let your back arch. Do not let your elbows move backward. Hold for 10seconds.

Repeat 10-15 times.

Physiotherapy Rehabilitation Guidelines: Clavicle ORIF (Open Reduction & Internal Fixation)

Phase	Mobilisation	ROM	Exercises / Strengthening	Precautions
Phase 1 Week 0-4	Immobiliser should be worn x 2 weeks post op (can be removed for exercises from Week 2)	AAROM / PROM / AROM can begin Week 2	Pendular excs / PROM / AAROM* / Pulleys / AROM to wrist, elbow, neck / Scapula Retractions / Ball squeezes / Postural Awareness / Gentle Isometrics - RC / scap / deltoid / GHJ / Scapula mobilisations / Wand excs / Pool therapy (when wounds healed) / CV training (i.e stationary bike) can be used throughout rehabilitation period.	Do not elevate arm above 120° in first 4 weeks Avoid repeated reaching for the first 6 weeks
Phase 2 Week 4-8	No immobiliser	Aim for full ROM (within limits of pain)	Isotonics – resistance bands / weights / Progress AROM in all planes / Joint mobilisations / Scapulothoracic isometrics / isotonics / Postural Alignment / Abdominal Activation / Address kinetic chain – trunk / lower limb / Proprioceptive excs	Emphasis on exercise technique Normal scapulo-humeral rhythm
Phase 3 Week 8-12	No immobiliser	FROM	PNF Diagonal Patterns / Activity specific plyometrics / High reps, low weight resistance excs / Manual GHJ and scap mobs	No repeated, heavy resistance exercises / lifting until 3 months
Phase 4 Week 12+	No immobiliser	FROM	Progression of upper extremity weights programme – lats, pecs, delts / Activity specific plyometrics / Overhead / throwing programme	Symmetrical scapula-humeral rhythm Higher velocity strengthening

Note: As everyone progresses at different rates, the rehabilitation programme should focus on criteria based progression, rather than timeline based progression. For each exercise, it is imperative to have consistent sequential progressions. Once the patient / athlete is proficient with execution of a particular exercise, the exercise can be increased in complexity, with emphasis on technique efficiency.

Please contact rehab@cathaljmoran.com if you have any questions.