

Clavicle Repair

Rehab Protocol
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PHASE 1: Generally 0-6 Weeks Post-Op

GOALS:	1) Control pain and swelling 2) Protect surgical repair 3) Normal shoulder ROM															
PRECAUTIONS:	<ul style="list-style-type: none"> - Sling full-time for 3 weeks, wean by 6 weeks post-surgery - No horizontal adduction - Avoid IR behind the back - No lifting greater than 1-2lbs for 3 weeks - No running or high-impact activity for aerobic training <table border="1" data-bbox="609 823 1414 989"> <thead> <tr> <th>Week</th> <th>Forward Flexion</th> <th>ER in Scaption</th> <th>IR in Scaption</th> <th>Abduction</th> </tr> </thead> <tbody> <tr> <td>Week 1-2</td> <td>≤90</td> <td>≤60</td> <td>≤60</td> <td>≤90</td> </tr> <tr> <td>Week 3-6</td> <td>≤120</td> <td></td> <td></td> <td>≤120</td> </tr> </tbody> </table>	Week	Forward Flexion	ER in Scaption	IR in Scaption	Abduction	Week 1-2	≤90	≤60	≤60	≤90	Week 3-6	≤120			≤120
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WOUND CARE:	<ul style="list-style-type: none"> - Post-op dressing removed at PT eval - Shower at post-op day #3 - Submerge in water after wound is fully healed - Suture removal @ 7-14 days post-op by Ortho 															
MODALITIES:	<ul style="list-style-type: none"> - Cryotherapy <ul style="list-style-type: none"> • Hourly for 15 minutes for the first 24 hours after sensation is restored from nerve block • Continue use until acute inflammation is controlled • Once controlled, use 4-5x per day for 15 minutes or longer as tolerated - Soft tissue mobilization and other integrative medicine techniques <ul style="list-style-type: none"> • Soft tissues/trigger point work to the kinetic chain (i.e. cervical spine, scapular, and forearm) 															
REHABILITATION:	<ul style="list-style-type: none"> - Frequent use of cryotherapy and/or ice - Begin scar massage after incision site has healed and scar is formed - Consider dry needling with avoidance of incision sites (discuss with Ortho) - Consider blood flow restriction (BFR) on uninvolved arm or LE for physiological benefits at 1-2 weeks from surgery - As tolerated, progress rehabilitation exercises as wound healing occurs and the inflammatory response decreases 															
~ Weeks 1-6	<ul style="list-style-type: none"> - ROM exercises: <ul style="list-style-type: none"> • Shoulder PROM/AAROM within above ROM guidelines in non-impingement position (i.e. hammer grip) • Scapular mobilizations 															

	<ul style="list-style-type: none"> Modified pendulums in sling; progress to full pendulums after 3-5 days <p>- Strengthening:</p> <ul style="list-style-type: none"> Ball squeezing exercises Elbow/wrist AROM and grip strengthening with shoulder in neutral position at side Gentle submaximal ("2-finger") shoulder isometrics Scapular retraction BFR (elbow FLEX/EXT) on uninvolved arm or LE <p>- Cardiovascular training:</p> <ul style="list-style-type: none"> Recumbent bike while wearing sling
FOLLOW-UP:	<p>-Supervised rehabilitation: 1-2x per week</p> <p>-PT re-evaluation: 2 weeks & 4 weeks</p> <p>-Orthopedic re-evaluation: 2 weeks and 6 weeks post-operatively</p>

PHASE 2: Generally 7-12 Weeks Post-Op	
GOALS:	<ol style="list-style-type: none"> 1) D/C Sling 2) Achieve full shoulder ROM 3) Minimize shoulder pain 4) Begin to increase strength and endurance 5) Increase functional activities
PRECAUTIONS:	<p>- DO NOT lift objects heavier than 1 or 2 pounds</p> <p>- NO forceful pushing or pulling: push-ups, bench press, pec flies, throwing, or overhead activities</p> <p>- NO running or high-impact activity for aerobic training</p>
REHABILITATION:	<p>-Continue Phase I exercises as needed</p> <p>-Progress to the following exercises and increase intensity gradually when patient is ready (i.e. no increase in shoulder pain or effusion since the previous exercise session)</p>
~ Weeks 7-12	<p>- Increase functional activities</p> <p>- Initiate IR/ER stretches at 90°</p> <p>- Trunk stabilization (NWB)</p> <p>- Scapular strengthening emphasizing scapular retractors and upward rotators</p> <p>- Shoulder strength and endurance progression: IR, ER, Rows & Serratus Anterior</p> <ul style="list-style-type: none"> Continue base strengthening/isometrics as needed PREs <p>- Proprioception drills</p> <p>- Rhythmic stabilization</p> <p>- Initiate push-up progression starting at wall at week 8</p> <p>- Cardiovascular training: continue recumbent bike; progress to elliptical (no push/pull with surgical arm) and/or treadmill walking</p> <p>- Adjunct treatments to consider: BFR on involved arm for AROM and isometric activities, dry needling, cervicothoracic manual therapy, aquatic walking with water at chest level or below (no UE movement or resistance; no swimming)</p>
FOLLOW-UP:	<p>- Supervised rehabilitation: 2-3x per week</p> <p>- PT re-evaluation: 8 & 12 weeks</p> <p>- Orthopedic re-evaluation: 12 weeks post-operatively</p>
CRITERIA FOR PROGRESSION:	<p>- Pain-free ROM within stated goals</p>

	<ul style="list-style-type: none"> - Achieve ROM goals to normalize AROM/PROM - Normal/near-normal scapular stabilization and coordination
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PHASE 3: Generally 13-18 Weeks Post-Op	
GOALS:	<ol style="list-style-type: none"> 1) Normalize AROM/PROM 2) Normalize strength, endurance, neuromuscular control, and power 3) Perform functional and kinesiological assessment (i.e. FMS) 4) Perform initial functional testing
PRECAUTIONS:	<ul style="list-style-type: none"> - Avoid overhead lifting - No bench press until after ~16 weeks
REHABILITATION:	<ul style="list-style-type: none"> -Continue Phase II exercises as needed -Progress to the following exercises and increase intensity gradually when patient is ready (i.e. no increase in knee pain or effusion since the previous exercise session)
~ Weeks 13-18	<ul style="list-style-type: none"> - AROM/AAROM - ER at 90° abduction stretch, sleeper stretch, behind back IR - Theraband progressive resistive exercises: IR,ER, dynamic hug, bicep curl - Prone I's, Y's, T's - Sidelying shoulder ER - Initiate UBE below shoulder level - Continued proprioceptive training - Continue push up progression
FOLLOW-UP:	<ul style="list-style-type: none"> - Supervised rehabilitation: 1-2x per week - PT re-evaluation: monthly - Orthopedic re-evaluation: 6 months post-operatively
TESTING:	<ul style="list-style-type: none"> -Closed Kinetic Chain Upper Extremity Stability Test [CKQUEST] -Upper Quarter Y-Balance Test

PHASE 4: Generally 19-28 Weeks Post-Op	
GOALS:	<ol style="list-style-type: none"> 1) Maintain full ROM 2) Continue strengthening progression 3) Protect the surgical repair 4) Return to sport-specific training/practice
PRECAUTIONS:	Weight Training to be initiated based on surgical clearance
REHABILITATION:	<ul style="list-style-type: none"> -Continue Phase III exercises as needed -Progress to the following exercises and increase intensity gradually when patient is ready (i.e. no increase in knee pain or effusion since the previous exercise session)
~ Weeks 19-28	<ul style="list-style-type: none"> - 'Rebounder' throws: arm at side and then progress - Wall dribbles at 90° <ul style="list-style-type: none"> • Circles • Overhead
FOLLOW-UP:	<ul style="list-style-type: none"> - Supervised rehabilitation: 1-2x per week - PT re-evaluation: monthly - Orthopedic re-evaluation: 6 months post-operatively
TESTING:	<ul style="list-style-type: none"> -Closed Kinetic Chain Upper Extremity Stability Test [CKQUEST] -Upper Quarter Y-Balance Test
MISCELLANEOUS:	After 6 months post-op, exercises in Phase III are continued, gradually increasing intensity and duration as needed based on patient specific limitations and sport specific activities.

	The recommendation is to wait until 6 months post-op to return to contact/collision sports or aggressive military training. This time period may be adjusted slightly by the surgeon and therapist according to patient progress and functional outcomes.
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These guidelines were created as a framework for the post-operative rehabilitation program. They DO NOT substitute for any specific restrictions or requirements that are determined through the necessary shared decision-making and collaboration between the operating surgeon and treating rehabilitation team.