CLAVICLE FRACTURE (NON-OP)
NON-OP PHYSICAL THERAPY PROTOCOL

Patient Name: _____ Date: _____

_____ Evaluate and Treat _____ Provide patient with home program

Frequency: _____ x/week x _____ weeks

_____ **Phase I (0-1 wks):** ***Initial wound healing, fracture consolidation.***
- No formal PT.
- ROM at home (Codmans, elbow/wrist ROM in sling)

_____ **Phase II (1-3 wks):** ***Protected ROM.***
- Start formal PT
- Sling at all times (may remove for showering)
- Supervised A+PROM forward elevation, IR/ER with arm at side

_____ **Phase III (3-6 wks):** ***Begin strengthening.***
- D/C sling at 3 wks
- Continue AA+PROM fflex, IR/ER with arm at side
  goals by 6 wks: fflex >140 deg, ER @ side >40 deg
- Begin isometric and active-assisted cuff and periscapular strengthening (below shoulder level) and progress as tolerated.

_____ **Phase IV (6-12 wks):** ***Advanced strengthening.***
- Progress A+PROM in all planes
- Start gentle active cuff and periscapular strengthening (below shoulder level); advance as tolerated.

_____ **Phase IV (3-6 mos):** ***Sport-specific.***
- Maintenance program of cuff and periscapular stretching/strengthening
- Transition to sport/labor-specific activities

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.
This patient _____ would _____ would not benefit from social services.

Physician Name: _____ Date: _____

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