



# CLAVICLE OPEN REDUCTION INTERNAL FIXATION (ORIF) Physical Therapy Protocol

Patient Name: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

Frequency: \_\_\_\_\_ x/week x \_\_\_\_\_ weeks

\_\_\_\_\_ **Phase I (0-1 weeks): Initial wound healing, fracture consolidation.**

- No formal PT.
- ROM at home (Codmans, elbow/wrist ROM in sling).

\_\_\_\_\_ **Phase II (1-3 weeks): 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 weeks): Begin strengthening.**

- D/C sling at 3 weeks.
- Continue A+PROM flex, IR/ER with arm at side.
  - Goals by 6 weeks: flex  $>140^\circ$ , ER @ side  $>40^\circ$ .
- Begin isometric and active-assisted cuff and periscapular strengthening (below shoulder level) and progress as tolerated.

\_\_\_\_\_ **Phase IV (6-12 weeks): Advance strengthening.**

- Progress A+PROM in all planes.
- Start gentle active cuff and periscapular strengthening (below shoulder level); advance as tolerated.

\_\_\_\_\_ **Phase V (3-6 months): 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: \_\_\_\_\_