

CLAVICLE FRACTURE REHABILITATION PROTOCOL

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