

PHYSICAL THERAPY PRESCRIPTION



UC Irvine Health

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PATIENT STICKER

CLAVICLE ORIF PROTOCOL

Surgical Date: _____

Side: Right Left

Diagnosis: Clavicle ORIF

Postop	Goals	Precautions	Exercises
Weeks 0-4 HEP daily	Edema and pain control FF 140°, ER 40° IR behind back	Sling except for exercises No active elbow flexion	Elbow, wrist, hand ROM Codman/Pendulum Shoulder P/AA/AROM as tolerated Gentle isometrics (arm at side) at 2wks Posterior capsule stretch Posture training
Weeks 4-8 HEP daily	FF 160°, ER 60°	DC Sling No resisted elbow flexion	Advance P/AA/AROM as tolerated Active elbow flexion (no resistance) Continue isometrics Progress to bands as tolerated
Weeks 8-12 HEP daily	Full ROM Return to activity	No sling Strengthening only 3x/week to avoid rotator cuff tendinitis	Continue ROM exercises Advance strengthening as tolerated Begin eccentric resisted motion and closed chain exercises Gentle resisted elbow flexion (8 weeks)
Weeks 12+ HEP daily	No restrictions	None	Continue above exercises Advance strengthening as tolerated Elbow flexion strengthening (>12 weeks) HEP for maintenance exercises

Frequency & Duration: 1-2 2-3 x/week for _____ weeks _____ Home Program

Physician's Signature: _____ **M.D.**