

# DISTAL CLAVICLE ORIF + CC RECONSTRUCTION



#### **Physical Therapy Prescription**

\*\*\*Please fax progress notes to Advanced Orthopedics & Sports Medicine at 720-895-1121\*\*\*

Name: \_\_\_\_\_\_

Date of Surgery: \_\_\_\_\_

Diagnosis: R / L Distal Clavicle ORIF + CC Reconstruction

Frequency: 2-3 times per week for \_\_\_\_\_\_ weeks, Therapy to start 3-5 days after surgery

#### Phase I: Protect Repair (0 to 4 weeks after surgery)

- Ice or cold flow systems encouraged for 3-4 times per day.
- Sling to be worn at all times except for showering; avoid unsupported arm; no lifting >5 lbs.
- 0-4 weeks: No shoulder range of motion

• Therapeutic Exercise: Slow, small, gentle shoulder pendulum exercises, Elbow/wrist/hand range of motion and grip strengthening, Modalities per PT discretion to decrease swelling/pain

• No lifting with involved extremity.

## Phase II: Progress ROM & Protect Repair (4-6 weeks after surgery)

• Continue sling except for showering and PT; avoid unsupported arm; no lifting >5 lbs.

• Range of Motion 4-6 weeks: PROM $\rightarrow$ FF to 90, Abduction to 60, ER to neutral, extension to neutral, IR to chest wall.

• Therapeutic Exercise: Submaximal pain-free deltoid isometrics, Elbow/wrist/hand range of motion and grip strengthening

#### **Phase III: Full Function (6-12 weeks after surgery)**

• No lifting >5 lbs

- Range of Motion:
  - 6-8 weeks: AAROM $\rightarrow$ FF to 120, Abduction to 90, ER to neutral, extension to neutral, IR to chest wall.
  - 8-10 weeks: AAROM/AROM $\rightarrow$ FF to 1400, Abduction to 1200, ER/IR to 45 with arm abducted.
  - > 10 weeks: AAROM/AROM  $\rightarrow \rightarrow$  Advance to full AROM in all planes.

• Therapeutic Exercise: Begin pain-free isometric rotator cuff and deltoid exercises at 6 weeks, Begin gentle rotator cuff and scapular stabilizer strengthening at 8 weeks, Continue elbow/wrist/hand range of motion and grip strengthening

## Phase IV: No Restrictions (4-6 months after surgery)

• Range of Motion – Full without discomfort; no lifting restrictions

Signature:	
Date:	
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