Dr Pam Boekel
Orthopaedic Surgeon

Shoulder and elbow conditions
General orthopaedic trauma.

CLAVICLE ORIF REHABILITATION PROTOCOL

On discharge – 3 weeks	• Sling for 3 weeks only • No lifting >500g for 6 weeks • Advice on sling management and axillary hygiene • Educate on post-operative pain management • Gentle active assisted table slides • Flexion and abduction up to 90°; external rotation as comfortable • Postural education and scapula mobility • Neck, elbow, wrist & hand exercises • Begin light/sub-maximal isometric strengthening (approx. 30%) in neutral as comfort allows • **No horizontal adduction/cross flexion; do not force or stretch**
Week 3 – 6	***Patient must be comfortable with above phase before progression*** • Remove sling • Scar sensitivity management • Commence cuff strengthening in available range • Begin light proprioceptive exercises (avoid load bearing) • Ensure dynamic scapula control • Early kinetic chain rehabilitation excluding the affected arm • **Do not force or stretch**
Week 6 – 12	***Patient must be comfortable with above phase before progression*** • Progress ROM beyond 90° in all planes • Lifting up to 5kg • Begin strengthening through range • Ensure dynamic scapula and cuff control through range • Begin strengthening of the full kinetic chain • Continue proprioceptive exercises, capsular stretches • Introduce graded functional loads, maintaining optimal biomechanics
Week 12+	• Nil further lifting restrictions

Milestones	
Active ROM	Full ROM by week 12
Driving	6 weeks, if comfortable with strength & ROM to perform evasive manoeuvres
Work	Desk duties: 2-6 weeks Manual work: 12 weeks
Sport	Swimming: 4-6 weeks Contact sports: 12-16 weeks

PHYSIOTHERAPY FOLLOW UP RECOMMENDED WITHIN 2 WEEKS

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