

**(PROTOCOL #11) POST-OPERATIVE CLAVICLE FRACTURE PROTOCOL**

Jackson Orthopedic Specialists, P.L.L.C.  
 Robert M. Doane, M.D., P.C.  
 956 Cooper Street; Jackson, MI 49202  
 Phone: (517)787-3900 Fax: (517)787-4318  
[www.jacksonorthopedicspecialists.com](http://www.jacksonorthopedicspecialists.com)  
 info@jacksonorthopedics.com

The Following is a set of general guidelines. It is important to remember that each patient is different. The progression of the patient depends on many factors including age and medical health of the patient and physician preferences. Any bracing is discontinued **ONLY UPON DIRECTION OF PHYSICIAN.**

<b>PHASE</b>	<b>FUNCTIONAL PROGRESSION/ACTIVITIES</b>	<b>GOALS/RESTRICTIONS</b>
Post-op to 2 weeks	Limit flexion, abduction to horizontal OT: elbow/hand ROM putty and ADL modifications Isometrics: deltoid (anterior, middle, posterior) Biceps/triceps Supine stick external rotation; Pulley with flexion/abduction limited to 90°, CAD Modalities as needed Gentle PROM/stretching	DASH questionnaire at time of evaluation and every 4 weeks Decrease pain Increase ROM to WFL
4 weeks	All of above including: Pendulums Full flexion, abduction, lift restrictions	
6 weeks	All of above including: Start AROM UBE Begin theraband strengthening 1-2 week period to progress; every other day to start Start internal/extension rotation then flexion/extension And then abduction 45° arc after 2 weeks can do daily then progress to full arc	Return patient to previous functional status Progress to all 5 planes
8-10-weeks	All of above including: Full arc theraband	

**Refer to enclosed table for suggested exercises which optimize muscle function based on EMG activity.**

**(PROTOCOL #11) POST-OPERATIVE CLAVICLE FRACTURE PROTOCOL**

Jackson Orthopedic Specialists, P.L.L.C.  
Robert M. Doane, M.D., P.C.  
956 Cooper Street; Jackson, MI 49202  
Phone: (517)787-3900 Fax: (517)787-4318  
[www.jacksonorthopedicspecialists.com](http://www.jacksonorthopedicspecialists.com)  
info@jacksonorthopedics.com

Approved By: Robert Doane, M.D.

Physician reserves the right to adjust these protocols for each patient.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Robert Doane, M.D.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Balu Pisupati, PT

