Clavicle ORIF

Physical Therapy Protocol · Bone-Healing Timeline

Based on the Massachusetts General Hospital rehabilitation protocol for clavicle ORIF and the University of Washington Medical Center shoulder and elbow team clavicle protocol. Institutional sling duration varies (MGH minimum 3 weeks; UW up to 6 weeks); most patients wear the sling 2-4 weeks with progression to resisted work gated by radiographic union. Confirm limits with the surgeon.

AT A GLANCE

TIMELINE	12-16 weeks for full activity; contact sport typically 4-6 months after radiographic union
IMMOBILIZATION	Sling 2-4 weeks (up to 6 weeks per surgeon preference), removed several times daily for exercises
KEY MILESTONES	Elevation limited to ≤90° for first 4 weeks · full PROM by week 8 · strengthening after week 8 · light jogging ~weeks 7-8
RETURN TO ACTIVITY	No lifting with the operative arm for 6 weeks; return to contact sport 4-6 months with ≥90% strength

KEY PRECAUTIONS

- No lifting with the operative arm for the first 6 weeks (coffee-cup weight maximum early; ≤5 lb by weeks 6-8).
- Limit shoulder flexion/abduction to 90° for the first 4 weeks; ER to ~30° and IR to belt line early, then progress per fracture stability.
- Progression to resisted strengthening and full activity requires radiographic evidence of union.
- Hardware irritation is common with clavicular plates - report a prominent, painful plate to the surgeon (elective removal is sometimes performed after union).

PHASED REHABILITATION

PHASE 1 — IMMEDIATE POST-OP PROTECTION	Weeks 0–4
GOALS	• Protect the plate/screw construct and healing bone • Pain and edema control • Maintain distal function
INTERVENTIONS	• Sling per surgeon (removed 4×/day for exercises and ADLs) • Pendulum exercises • Elbow, wrist, and hand AROM; grip strengthening • PROM within limits: flexion/abduction ≤90°, ER to ~30°, IR to belt line • Scapular retraction in sling; postural drills • Cardio: stationary bike or elliptical without involved-arm engagement
CRITERIA TO ADVANCE	• PROM flexion to 90° achieved comfortably • Pain <4/10 with home program • No wound complications

PHASE 2 — INTERMEDIATE: MOTION RESTORATION	Weeks 4–8
GOALS	• Restore full PROM in all planes • Progress AAROM to AROM with minimal compensation • Wean sling
INTERVENTIONS	• Discontinue daytime sling by weeks 4-6 (sleep use to week 6 if needed) • Progress PROM to full in all planes as tolerated • Supine shoulder flexion with dowel; rope-and-pulley • AROM supine progressing to upright once mechanics are clean • Periscapular work: rows, scapular retraction with light resistance • Lifting limit: coffee-cup weight, progressing toward 4-5 lb by week 8 • Light jogging permitted ~weeks 7-8 if comfortable
CRITERIA TO ADVANCE	• Full PROM in all planes • AAROM flexion ≥120° with minimal compensation patterns • Minimal pain with daily activities

PHASE 3 — LATE POST-OP: STRENGTHENING	Weeks 8–12
GOALS	• Maximize AROM symmetry • Initiate rotator cuff and periscapular strengthening after union is confirmed
INTERVENTIONS	• Shoulder isometrics progressing to isotonic ER/IR with bands • Rows, scaption raises, biceps curls and triceps extensions • Stretching progressions for any residual capsular tightness • Lifting limit ~5-10 lb this phase
CRITERIA TO ADVANCE	• AROM ≥90% of the contralateral side • Appropriate rotator cuff and periscapular activation without pain • Radiographic evidence of interval healing

Guideline only — individualize per intraoperative findings and patient response. Questions: contact Dr. Pettit's office.

PHASE 4 — TRANSITIONAL & RETURN TO SPORT	Weeks 12–24
GOALS	• Full strength for occupational and sport demands • Gradual, criteria-based return to unrestricted activity
INTERVENTIONS	• Progressive isotonic strengthening: wall push-ups progressing to floor, scaption raises, rhythmic stabilization • Progressive weight training (machines advancing to free weights) as tolerated • Sport-specific training and gradual return to full activities once radiographically healed (~week 13+) • Contact/collision sport progression in months 4-6
CRITERIA TO ADVANCE	• Full, pain-free ROM; 0/10 rest pain • Strength ≥90% of the contralateral side on testing • Radiographic union and surgeon clearance before contact sport (typically 4-6 months)

GUIDING PRINCIPLES

This protocol follows criterion-based progression over rigid time-based advancement; phased rehabilitation balancing tissue healing with controlled stress application; objective milestones (ROM, strength LSI, functional testing) to guide phase transitions; individualization based on surgical findings, tissue quality, and patient factors; and ongoing surgeon–therapist communication throughout recovery.

REFERENCES

1. Massachusetts General Hospital Sports Physical Therapy. Rehabilitation Protocol for Clavicle ORIF. https://www.massgeneral.org/assets/MGH/pdf/orthopaedics/sports-medicine/physical-therapy/rehabilitation-protocol-for-clavicle-ORIF.pdf

2. University of Washington Medical Center Shoulder and Elbow Team. Clavicle Fracture ORIF Rehabilitation Protocol. https://faculty.washington.edu/alexbert/Shoulder/Handouts/WarmePT/WarmeClavicleProtocol.pdf

3. van der Meijden OA, Gaskill TR, Millett PJ. Treatment of Clavicle Fractures: Current Concepts Review. J Shoulder Elbow Surg. 2012;21(3):423-429.

For clinical use by licensed physical therapists treating patients of Robert Pettit, MD. This document is a rehabilitation guideline, not a substitute for clinical judgment. Progression must be individualized based on intraoperative findings, tissue quality, and patient response. Scan the QR code for the current version of this protocol.