
CLAVICLE FRACTURE FIXATION
Referral for Rehabilitation Services

Patient Name: _____ Date of Surgery: _____

_____/ Week _____ Weeks

Sling for 4 weeks

Weeks 1-4

1. Full elbow and wrist ROM
2. No shoulder ROM

Phase 1 – Passive

Week 5

1. Pendulums to warm-up
2. Forward elevation, internal rotation, external rotation

Phase 2 – Active

Week 6

1. Pendulums to warm-up
2. Forward elevation, external rotation, internal rotation
3. Terminal stretch to achieve full ROM

Phase 3 – Resistive

Week 8

1. Pendulums to warm-up
2. Continue with Phase 2 to achieve full ROM
3. Rotator cuff and periscapular muscle strengthening (shrugs, rows, serratus, ect using therabands and/or hand weights)

Weight Training

Begin 2-3 months post-op

No long lever-arm, abducted position or impingement position exercises

Return to Activity

Computer

Keyboard on lap only for first 6 weeks

Golf

8 weeks, chip and putt only

Tennis

3 months

Contact Sports

4 months depending on rate of healing

I hereby certify these services as medically necessary for the patient's plan of care.

Physician's Signature

Date _____