



**ORTHOPAEDIC**  
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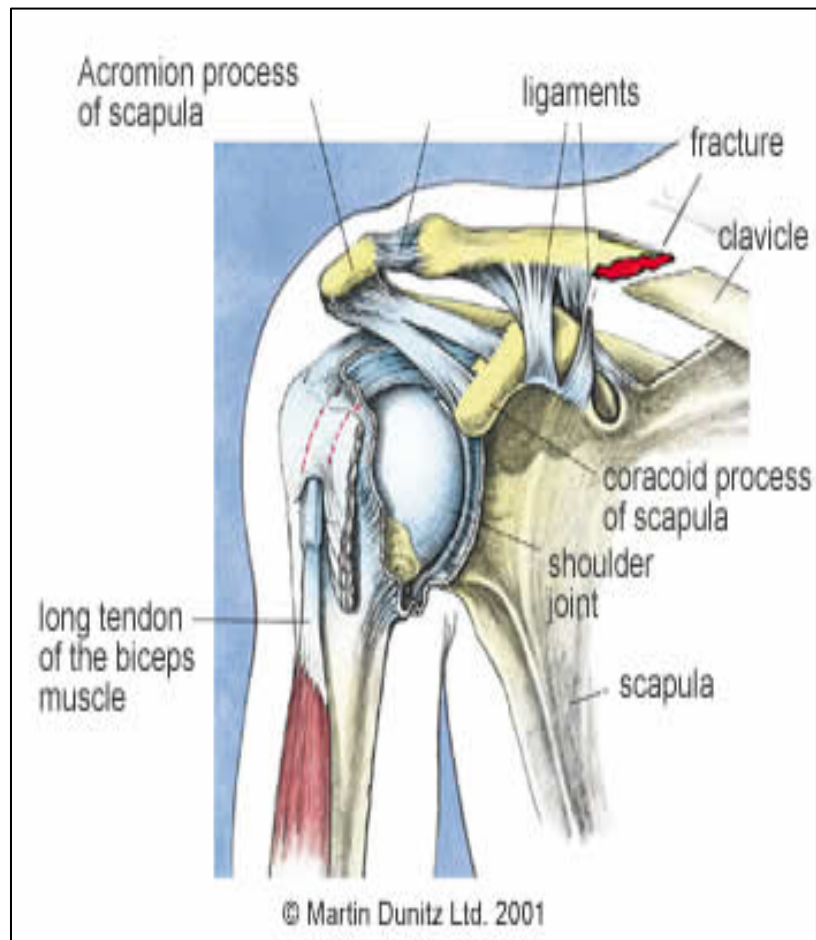
# Open Reduction Internal Fixation “ORIF” Clavicle Post operative protocol

This rehabilitation protocol has been developed for the patient following an open reduction and internal fixation “ORIF” of a clavicle fracture. The protocol is divided into phases. Each phase is adaptable based on the individual and special circumstances.

These are general guidelines.

Some patients may move faster or slower on this progression based on the nature of the fracture and the speed of healing as assessed by follow up radiographs.

Clavicle fractures vary in their severity and the time it takes to heal can vary widely based on factors such as comminution of the fracture (number of pieces), soft tissue damage and the overall health of the patient. Immediately post-operatively, exercises must be modified so as not to place unnecessary stress on the clavicle.



The overall goals of the surgical procedure and rehabilitation are to:

- Control pain and inflammation
- Regain normal upper extremity strength and endurance
- Regain normal shoulder range of motion
- Achieve the level of function based on the orthopaedic and patient goals

The physical activity should be initiated within the first week and one half to two full weeks post op. Many of the early stages can be performed at home after being taught proper exercises.



# ORIF Clavicle “Collar – Bone” Post op protocol

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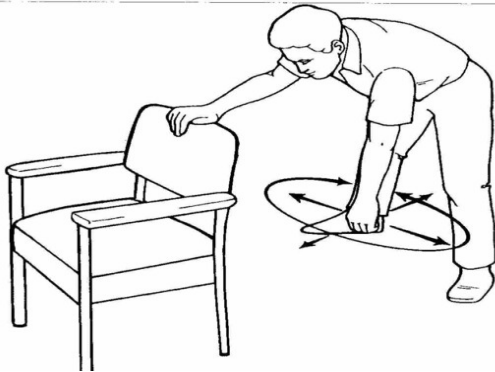
## Important post-operative signs to monitor include:

- Swelling of the shoulder and surrounding soft tissue
- Abnormal pain response, hypersensitive – an increase in night pain
- Severe range of motion limitations
- Weakness in the upper extremity musculature

Return to activity requires both time and clinical evaluation. To most safely and efficiently return to normal or high level functioning activity, the patient requires adequate strength, flexibility and endurance. Return to intense activity requires complete healing of the bone and return of strength and shoulder motion. Symptoms such as pain, swelling or instability should be closely monitored by the patient.

## Weeks 1 - 2

**Sling:** You may remove the sling only to do your Pendulum & stir exercises and showering. No active shoulder motion. Elbow and range of movement (ROM)



### Pendulum & Stir Exercises

- Lean forward using the non operated arm for support
- Let the operated arm hand down
- Swing the arm forward / backward & Side to side
- Swing the arm in circles clockwise and anti-clockwise
- Swing it in each direction for 30 seconds, repeat this 3 times
- Perform the exercises 4 times per day

## Weeks 3 - 6

**Continue sling:** The sling is mainly for comfort and may be removed for your exercises. You may begin active – assisted motion. Continue pendulum exercises. Rope / Pulley (forward flexion) exercises for flexion. No lifting anything heavier than a pencil / cup in operative hand.



### Forward Flexion

- Stand facing the wall
- Walk you fingers up the wall in front of your body or help lift your arm with your normal arm.
- Do 3 sets of 10-20 repetitions
- Repeat exercise regime 3 – 4 times per day