

**CLAVICLE FRACTURE SURGERY**  
**Physical Therapy & Strength and Conditioning**  
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***PHASE I – Maximum Protection (Weeks 0 to 4)***

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**Goals**

- ☐ Reduce inflammation
- ☐ Decrease pain
- ☐ Postural education

**Restrictions/Exercise Progression**

- ☐ Sling x 4 weeks.
- ☐ Passive ROM internal, external rotation with arm at side, forward elevation to 90 degrees only x 4 weeks.
- ☐ No pendulums.
- ☐ Ice and modalities to reduce pain and inflammation.
- ☐ Cervical ROM and basic deep neck flexor activation (chin tucks).
- ☐ Active hand and wrist range of motion.
- ☐ Encourage walks and low intensity cardiovascular exercise to promote healing.

**Manual Intervention**

- ☐ STM – effleurage to forearm and upper arm as needed.

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***PHASE II – Progressive Stretching and Active Motion (Weeks 4 to 6)***

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**Goals**

- ☐ Discontinue sling as instructed.
- ☐ Postural education.
- ☐ Begin AROM – full all planes.

**Exercise Progression**

- ☐ Progress to full range of motion flexion and external rotation as tolerated. Use a combination of wand, pulleys, wall walks or table slides to ensure compliance.
- ☐ Gradual introduction to internal rotation shoulder extensions (stick off back).
- ☐ Serratus activation; Ceiling punch (weight of arm) may initially need assistance.
- ☐ Sub-maximal rotator cuff isometrics.
- ☐ Scapular strengthening – prone scapular series (rows and I's). Emphasize scapular strengthening under 90°.
- ☐ External rotation on side (no resistance).
- ☐ Sub-maximal isometrics.
- ☐ Cervical ROM as needed to maintain full mobility.
- ☐ DNF and proper postural positioning with all RC/SS exercises.
- ☐ Low to moderate cardiovascular work. May add elliptical but no running until 6 weeks.

### Manual Intervention

- ☐ STM – global shoulder and CT junction.
- ☐ Scar tissue mobilization.
- ☐ Graded GH mobilizations.
- ☐ ST mobilizations.
- ☐ Gentle CR/RS for ROM and RC-SS activation.

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### *PHASE III – Strengthening Phase (Weeks 6 to 12)*

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### Goals

- ☐ Full AROM
- ☐ Normalize GH/ST arthrokinematics.
- ☐ Activate RC/SS with isometric and isotonic progression.

### Exercise Progression

- ☐ Continue with combined passive and active program to push full ROM.
- ☐ Internal rotation with thumb up back and sleeper stretch.
- ☐ Continue with ceiling punch adding weight as tolerated.
- ☐ RC isotonic at 0 and 90° as strength permits.
- ☐ Advance prone series to include T's and Y's as tolerated.
- ☐ Add seated rows and front lat pulls.
- ☐ Biceps and triceps PRE.
- ☐ Scaption; normalize ST arthrokinematics.
- ☐ CKC progression – Quadruped, ball compression, counter weight shift, knee scapular push-ups, knee push-ups; all as tolerated. Therapist directed RS and perturbations in quadruped – bilateral progressing to unilateral-tri pod position.
- ☐ 8-10 weeks – gym strengthening program to include chest fly and pressing motions.
- ☐ Supine progressing to standing PNF patterns, with resistance as appropriate.

### Manual Intervention

- ☐ STM and Joint mobilization to CT junction, GHJ and STJ as needed.
- ☐ CR/RS to gain ROM while respecting repaired tissue.
- ☐ Manual perturbations.
- ☐ PNF patterns.

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## ***PHASE IV – Advanced Strengthening and Plyometric Drills (12-16 weeks)***

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### **PRE/PSE**

- ☐ Full range of motion all planes – emphasize terminal stretching.
- ☐ Advance strengthening at or above 90° with prone or standing Y's and 90/90 as scapular control and ROM permit. Patient health, physical condition and goals/objectives determine.
- ☐ Gym strengthening program; gradual progression with pressing and overhead activity.
- ☐ Progress closed kinetic chain program to include push-up progression beginning with counter, knee then – gradual progression to full as appropriate.
- ☐ Initiate plyometric and rebounder drills as appropriate.

### **RTS program**

- ☐ Continue to progress RC and scapular strengthening program.
- ☐ Continue with closed chain quadruped perturbations; add open chain as strength permits.
- ☐ Advance gym strengthening program.
- ☐ RTS testing for interval programs using microfet dynamometer.
- ☐ Follow-up examination with the physician (3-4 months) for release to full activity.

### **Manual Intervention**

- ☐ STM and Joint mobilization to CT junction, GHJ and STJ as needed.
- ☐ CR/RS to gain ROM while respecting repaired tissue.
- ☐ Manual perturbations.
- ☐ PNF patterns.