

Name: _____ Date of Birth: _____
Diagnosis: Clavicle Fracture Code: S42.02
Procedure: Clavicle ORIF Surgery Date: _____

In order for University of Utah Health Care to complete this referral, please fax the patient's first consult notes to the University of Utah Orthopaedic Center at 801-581-4404. Thank you.

Timing of each phase varies based on individual patient factors, length of time immobilized, strength/ROM status, and expected performance/activity demands.

PHASE I: Protect Repair, Wound Healing (0 to 2 weeks)

- Leave dressing in place until follow up
- Ice or cold flow systems encouraged for the first week at a minimum: should be used 3-4 times per day.
- Swelling reduction exercises
- Start immediate active and passive elbow range of motion
- No shoulder motion for 2 weeks

PHASE II: Protect Repair, Progress Motion (2 to 6 weeks)

- Progress passive shoulder motion as tolerated.
- Progress active range of motion as tolerated EXCEPT no overhead activity until 4 weeks
- No lifting over 5 lbs. No bearing weight through arm

PHASE III: Strengthening (6 + weeks)

- Continue to progress active and passive shoulder range of motion without restriction
- No lifting restrictions
- Progress scapular, shoulder, elbow strengthening exercises
- Simulate work/recreational activities as rotator cuff strength and endurance improve.

Modalities per Therapist

Freq: 1-3x/week

Duration: 8-12 weeks

Signature _____