

Rehabilitation Protocol:

Open Reduction Internal Fixation of Distal Clavicle Fracture with Coracoclavicular Ligament Repair

Phase I:

- Brace: Sling use at all times except hygiene & gentle exercise

0-4 weeks

- ROM:

> Active shoulder ROM: none

> Passive shoulder ROM: pendulums

> Elbow, wrist, digit ROM as tolerated - assisted bicep curls

Weightbearing: Non-weightbearingStrengthening: Grip strengthening ok

Phase II:

- Brace: Wean out of sling gradually over two weeks

4-6 weeks

> Active shoulder ROM: none

> Passive shoulder ROM: 0-90 FF, 0-45 ABD MAX, ER/IR as tolerated

> Elbow, wrist, digit ROM as tolerated *No cross body adduction x8 weeks* - Weightbearing: Non-weightbearing

- Strengthening: isometric exercises in all planes

Phase III:

- Brace: sling only in public

6-12 weeks

- ROM:

- ROM:

> Active shoulder ROM: begin active-assisted and active ROM after achieving passive

ROM goals

> Passive shoulder ROM: 0-90 FF, 0-45 ABD MAX, ER/IR as tolerated

> Elbow, wrist, digit ROM as tolerated *No cross body adduction x8 weeks* - Weightbearing: Non-weightbearing

- Strengthening: isometric exercises in all planes. strengthening beginning below horizontal plane only after evidence of radiographic healing (minimum 8 weeks postop)

Phase IV:

- Brace: none

12+ weeks

- ROM:

> Active shoulder ROM: active ROM as tolerated

> Passive shoulder ROM: passive ROM as tolerated

> Elbow, wrist, digit ROM as tolerated

- Weightbearing: as tolerated

- Strengthening: as tolerated, endurance training. Resistance above horizontal and in shoulder flexion after full ROM regained.

- Transition to home exercise program

- Functional activities and sport-specific demands

- Return to sport after clearance by MD - noncontact typically ~ 18 weeks, contact typically

 \sim 22 weeks (require full ROM, radiographic evidence of healing, strength >90% of contralateral extremity)

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