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|             | e:  |                      | DOB:                      |
|-------------|---|----------------------|---------------------------|
| DOS:        |   | I                    | Date:                     |
| Rehab       | ilitation Protocol:   | ORIF Clav            | vicle Fracture            |
| Weeks 1-2   | :   |                      |                           |
| •           | Sling: for comfort<br>Motion: Immediate Pendulum<br>Strengthening: No resistive ex  | · ·                  | o overhead motion         |
| Weeks 2-6   | :   |                      |                           |
| •           | Sling: for comfort<br>Motion: Immediate Pendulum<br>shoulder level, Begin AROM<br>Strengthening: Begin gentle the                       | , AAROM in all pla   | nes to pain tolerance     |
| Weeks 6-1   | 2:  |                      |                           |
| •           | Sling: Discontinue sling<br>Motion: full motion by week<br>Strengthening: Progress to hig<br>week 10<br>Return to sports 3-6 months for | gher weights and spo | orts specific training at |
| Duration: _ | x we  | eek for              | weeks/months              |

Signature: