

Physical/Occupational Therapy Prescription

Name: _____ Date of Birth: _____

Diagnosis: Clavicle fracture Code: S42.021K

Procedure: Open Reduction and Internal Fixation Surgery Date: _____

Instructions

Range of motion:

- Begin pendulums and gentle passive and active-assisted range of motion immediately, emphasizing forward elevation.

- Do not initiate strengthening or active range of motion until six weeks post-operatively and cleared by Dr. Chalmers.

Strengthening:

- Begin strengthening at six weeks post-operatively, starting with isometrics and progressing to bands and then weights, with a focus on the scapular stabilizers, rotator cuff, and deltoid.

 - Please provide and emphasize a home exercise program. This program should focus on:
 - o Regaining forward elevation (pulleys, wall climbs, table slides, etc.)
 - o Regaining external rotation using passive and active external rotation exercises (canes, door frame stretches, etc.)

 - Ok to return to light athletic activities at three months if full range of motion has been recovered, heavier athletic activities at four months.
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Modalities

Heat before and ice after therapy.

Frequency: 2 times/week Duration: 6 weeks

Signature: _____ Date: _____