



## AUCKLAND BONE AND JOINT SURGERY

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Rehabilitation prescription for:

label

### Dr. Boyle's Clavicle Fracture ORIF Rehabilitation Protocol

**Diagnosis: Clavicle Fracture**

**Surgery: Open Reduction Internal (Plate) Fixation**

**Surgery date:**

|  | WEEK |   |   |   |   |   |   |   |   |    | MONTH |   |   |   |
|--|------|---|---|---|---|---|---|---|---|----|-------|---|---|---|
|  | 1    | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 3     | 4 | 5 | 6 |
| <b>PHASE 1 EXERCISES PROM</b>                  |      |   |   |   |   |   |   |   |   |    |       |   |   |   |
| Pendulums                                      |      |   | • | • | • | • | • | • | • | •  |       |   |   |   |
| Forward Elevation 0 to 90                      |      |   | • | • | • | • | • | • | • | •  |       | • | • | • |
| Full Forward Elevation                         |      |   | • | • | • | • | • | • | • | •  |       | • | • | • |
| External Rotation 0 to 30                      |      |   | • | • | • | • | • | • | • | •  |       | • | • | • |
| External Rotation 0 to 45                      |      |   | • | • | • | • | • | • | • | •  |       | • | • | • |
| Full External Rotation                         |      |   | • | • | • | • | • | • | • | •  |       | • | • | • |
| Full Internal Rotation                         |      |   | • | • | • | • | • | • | • | •  |       | • | • | • |
| <b>PHASE 2 EXERCISES AROM</b>                  |      |   |   |   |   |   |   |   |   |    |       |   |   |   |
| Pendulums                                      | •    | • | • | • | • | • | • | • | • | •  |       |   |   |   |
| Full Forward Elevation                         |      |   |   |   | • | • | • | • | • | •  |       | • | • | • |
| External Rotation 0 to 30                      |      |   |   |   | • | • | • | • | • | •  |       | • | • | • |
| External Rotation 0 to 45                      |      |   |   |   | • | • | • | • | • | •  |       | • | • | • |
| Full External Rotation                         |      |   |   |   | • | • | • | • | • | •  |       | • | • | • |
| Full Internal Rotation                         |      |   | • | • | • | • | • | • | • | •  |       | • | • | • |
| <b>PHASE 3 STRENGTHENING EXERCISES</b>         |      |   |   |   |   |   |   |   |   |    |       |   |   |   |
| External Rotation                              |      |   |   |   |   | • | • | • | • | •  |       | • | • | • |
| Internal Rotation                              |      |   |   |   |   | • | • | • | • | •  |       | • | • | • |
| Forward Punch                                  |      |   |   |   |   | • | • | • | • | •  |       | • | • | • |
| Seated Rows                                    |      |   |   |   |   | • | • | • | • | •  |       | • | • | • |
| Shrugs   |      |   |   |   |   | • | • | • | • | •  |       | • | • | • |
| Curls  |      |   |   |   |   | • | • | • | • | •  |       | • | • | • |
| <b>PHASE 4 RETURN TO HIGH LEVEL ACTIVITIES</b> |      |   |   |   |   |   |   |   |   |    |       |   |   |   |
| Golf   |      |   |   |   |   |   |   |   |   |    |       | • | • | • |
| Tennis   |      |   |   |   |   |   |   |   |   |    |       | • | • | • |
| Rugby  |      |   |   |   |   |   |   |   |   |    |       | • | • | • |
| Cricket/softball                               |      |   |   |   |   |   |   |   |   |    |       | • | • | • |

\* Keep hands within eyesight, minimize overhead movements

\* No military press, pulldowns behind neck or wide grip bench until Dr. Boyle approves

#### Additional Instructions:

Dr. Matthew J. Boyle, BSc, MBChB, FRACS

Date: