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Rehabilitation Guideline for an Open Reduction Internal Fixation (ORIF) Clavicle Patient Education

General Anesthesia

- Do not drive or operate machinery for 24 hours
- Do not consume alcohol or take any sleeping medications or any other non-prescription medication for 24 hours
- Do not make important decisions or sign any important documents in the next 24 hours
- A responsible adult **MUST** stay with you for the rest of the day and also during the night

Wound Care

- Dressings are to be kept clean and dry. You may remove the dressing 72 hours after your surgery. Do not remove the paper strips over the incisions; they help support the incisions while they are healing. Incisions are closed with stitches under the skin that absorb on their own. A small amount of clear or bloody drainage is normal. A light gauze may be applied to the operative site. This should be changed daily until drainage stops.
- You may shower once dressings are removed. Gently wash incisions with soap and water. The surgical wound should be patted dry with a clean towel after showering. Do not take baths or soak the incisions until 2 weeks after surgery.
- Do not take baths or soak the incision until 2 weeks after surgery.

Pain and Swelling

- Ice your shoulder as frequently as possible for 15-20 minutes. Do not place ice directly on skin as it may cause damage to the skin. Once dressings are removed, place a towel between the ice and your skin.
- Narcotic pain medication will be prescribed for you when you leave the hospital. Take this as directed on the prescription. You may also take up to 400mg of ibuprofen every 6 hours if necessary to help control pain. Do not take this if you have a history of stomach ulcers or are taking blood thinning medications such as Coumadin or Plavix. Discontinue ibuprofen if you develop an upset stomach while taking them. You may become constipated from pain medications. Increase your fluid intake while taking pain medications such as water, prune juice, orange juice, etc. If you are still having a problem you may also take a stool softener.

Driving

- Driving may resume once you are no longer taking narcotic medications.
- You need to leave your arm in the sling to hold the bottom of the steering wheel, and should not actively raise your arm until cleared by physical therapy. Most people begin driving around 2 weeks after surgery but use your judgment as to whether you feel ready to drive.

Rehabilitation

- Below you will find the therapy program that you will be following for the next several weeks to months. They have been laid out into different categories such as appointments, rehabilitation goals, precautions, suggested therapeutic exercises, range of motion exercises, cardiovascular, and progression criteria. Keep in mind that this is a general timeline and subject to change per patient needs directed by your surgeon.

CALL YOUR SURGEON SHOULD ANY OF THE FOLLOWING OCCUR

- Fever over 100 degrees taken by mouth or 101 degrees if taken rectally
- Pain not relieved by medication prescribed
- Swelling around incision
- Increased redness, warmth, hardness, or foul odor around incision or examination site
- Numbness, tingling, or cold fingers or toes
- Blood-soaked dressing (small amounts of oozing may be normal)
- Increasing and progressive drainage from incision or examination site
- Unable to urinate
- Persistent nausea/vomiting or inability to eat or drink

Phase I (surgery - 2 weeks post op)

Date: _____

Appointments	<ul style="list-style-type: none"> • Post op appointment 2 weeks with physician office • Physical therapy to begin 2 weeks post op
Rehabilitation Goals	<ul style="list-style-type: none"> • Sling at all times for comfort
Precautions	<ul style="list-style-type: none"> • No flexion past 90 degrees for first week
Suggested Therapeutic Exercise	<ul style="list-style-type: none"> • No resistance exercises
Suggested Range of Motion	<ul style="list-style-type: none"> • Immediate pendulum ROM exercises • Assisted bicep curls • No overhead motion week one • Passive ROM > 90 degrees after week 1
Cardiovascular Exercise	<ul style="list-style-type: none"> • Lower body bike with one arm
Progression Criteria	<ul style="list-style-type: none"> • 2+ weeks post op • No pain • Wearing sling at all times

Phase II (2 - 6 weeks post op)

Date: _____

Appointments	<ul style="list-style-type: none"> • Post op appointment 6 weeks with physician office
Rehabilitation Goals	<ul style="list-style-type: none"> • Sling for comfort.
Precautions	<ul style="list-style-type: none"> • Able to discontinue use of sling after 4 weeks
Suggested Range of Motion	<ul style="list-style-type: none"> • Continue pendulum ROM exercises • Begin gentle PROM above 90 degrees • Begin AAROM progressing to AROM in all planes
Suggested Therapeutic Exercise	<ul style="list-style-type: none"> • Begin gentle isometric exercises at 4 weeks • Begin gentle Theraband resistive exercises at 5 weeks
Progression Criteria	<ul style="list-style-type: none"> • 6+ weeks post op • Passive motion > 90 degrees • No pain

Phase III (6 - 12 weeks post op)

Date: _____

Appointments	<ul style="list-style-type: none"> • Post op appointment at 6, 9, and 12 weeks post op • Rehabilitation appointments at physical therapy's discretion
Rehabilitation Goals	<ul style="list-style-type: none"> • Full motion in the shoulder at 8 weeks • No sling
Precautions	<ul style="list-style-type: none"> • Begin progression to return to sports and full activity starting at 10 weeks

Suggested Range of Motion	<ul style="list-style-type: none"> • Full ROM by 8 weeks
Suggested Therapeutic Exercise	<ul style="list-style-type: none"> • Progression to higher weights • Progression on weights above shoulder level
Progression Criteria	<ul style="list-style-type: none"> • 12+ weeks post op • Return back to sports clearance from physician, athletic trainer, and physical therapy.

Questions: contact our office at 903-729-3214 Opt. 0

****Disclaimer: Please note that this protocol is not exact to the patient. It is up to the treating physician when the athlete/patient is able to return to full activities. Time of phases will vary among the specific patient.****