

PHYSICAL THERAPY PRESCRIPTION

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DATE: _____

PATIENT NAME: _____

D.O.B: _____ MRN: _____

DIAGNOSIS: CLAVICLE FRACTURE

Right Left Bilateral

SURGERY: CLAVICLE ORIF

DATE OF SURGERY: _____

Sling for 4-6 weeks. Out of sling only for exercises and bathing.

ROM - no long lever-arm, abducted position, or impingement position exercise

Begin immediate pendulums, gentle PROM - FF

At 2 wks, advance to full PROM – FF, IR, ER

At 4 wks, advance to AAROM / AROM

Strengthening program – begin at week 6

Deltoid and rotator cuff, scapular stabilizers

Begin with bands, progress to light weights as tolerated

Full activity by 3 months

Treatment: Eval and Treat or 1 2 3 times per week

Duration: 4 6 weeks

Home Program

**Please send progress notes.

Physician's Signature: _____



NPI #: 1164790507