

Clavicle Fracture: Postoperative Protocol

Do not elevate surgical arm above 120° in any plane for the first 4 weeks postop.
Do not lift any objects over 5 pounds with the surgical arm for the first 6 weeks.
AVOID REPEATED reaching for the first 6 weeks.

Ice shoulder 3-5 times (15 minutes each time) per day to control swelling and inflammation.
An arm sling is used for 2 weeks post-op.

Maintain good upright shoulder girdle posture at all times and especially during sling use.

Week 1:

- Exercises (3x per day):
 - o pendulum exercises
 - o squeeze ball
 - o triceps with Theraband
 - o isometric rotator cuff external and internal rotations with arm at side
 - o isometric shoulder abduction, adduction, extension and flexion with arm at side.
- Soft-tissue treatments for associated shoulder and neck musculature for comfort.
- Cardiovascular training such as stationary bike throughout rehabilitation period.

Weeks 2 - 4:

- Soft-tissue treatments for associated shoulder and neck musculature for comfort.
- Gentle pulley for shoulder ROM 2x/day.
- Elbow pivots PNF, wrist PNF.
- Isometric scapular PNF, mid-range.

Weeks 4 - 8:

- Start mid-range of motion rotator cuff external and internal rotations
- Active and light resistance exercises (through 75% of ROM as patient's symptoms permit) without shoulder elevation and avoiding extreme end ROM.
- Strive for progressive gains to active 90 degrees of shoulder flexion and abduction.

Weeks 8 - 12:

- Full shoulder Active ROM in all planes.
- Increase manual mobilizations of soft tissue as well as glenohumeral and scapulothoracic joints for ROM.
- No repeated heavy resisted exercises or lifting until 3 months.

Weeks 12 and beyond:

- Start a more aggressive strengthening program as tolerated.
- Increase the intensity of strength and functional training for gradual return to activities and sports.
- Return to specific sports is determined by the physical therapist through functional testing specific to the injury.