

Katherine J. Coyner, MD
UCONN Musculoskeletal Institute

Medical Arts & Research Building
263 Farmington Ave.
Farmington, CT 06030
Office: (860) 679-6600
Fax: (860) 679-6649
www.DrCoyner.com

Avon Office
2 Simsbury Rd.
Avon, CT 06001
Office: (860) 679-6600
Fax: (860) 679-6649



CLAVICLE FRACTURE POST OPERATIVE PROTOCOL

This rehabilitation protocol has been developed for the patient following an open reduction and internal fixation of a clavicle fracture. The protocol is divided into phases. Each phase is adaptable based on the individual and special circumstances. These are general guidelines. Some patients may move faster or slower on this progression based on the nature of the fracture and the speed of healing as assessed by follow up radiographs. Clavicle fractures vary in their severity, and the time it takes to heal can vary widely based on factors such as comminution of the fracture (the number of pieces it was in), soft tissue damage, and overall health of the patient. Immediately post-operatively, exercises must be modified so as not to place unnecessary stress on the clavicle.

Active range of motion of the elbow and wrist without weights or resistance is encouraged. Passive range of motion of the shoulder is begun week one post-op in the form of pendulum exercises and gradually advanced.

The overall goals of the surgical procedure and rehabilitation are to:

- Control pain and inflammation
- Regain normal upper extremity strength and endurance
- Regain normal shoulder range of motion
- Achieve the level of function based on the orthopedic and patient goals. The physical therapy should be initiated within the first week and one half to two full weeks post-op. Many of the early stages can be performed at home after being taught proper form.

Important post-operative signs to monitor include:

- Swelling of the shoulder and surrounding soft tissue
- Abnormal pain response, hypersensitive-an increase in night pain
- Severe range of motion limitations
- Weakness in the upper extremity musculature

Return to activity requires both time and clinical evaluation. To most safely and efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility, and endurance. Functional evaluation including strength and range of motion testing is one method of evaluating a patient's readiness to return to activity. Return to intense activities following an open reduction and internal fixation of the clavicle requires complete healing of the bone and return of strength and shoulder motion. Symptoms such as pain, swelling, or instability should be closely monitored by the patient.

Week 1

Sling. May remove sling to do Pendulum exercises. No active shoulder motion. Elbow and wrist ROM exercises, but no resisted exercises.

Goals: Maintain elbow and wrist ROM, prevent shoulder stiffness, control pain and swelling. Protect the repair.

Weeks 2 - 3

Continue sling. Sling may be removed for exercises. May begin active-assisted motion. Continue pendulum exercises. Rope/pulley OK for flexion/scaption. No lifting anything heavier than a pencil in operative hand.

Goals: Initiate shoulder ROM. Prevent pain. Protect the repair.

Weeks 4 - 5

May begin to wean from sling. If X-rays show no change in hardware, may begin full active and passive motion.

No lifting anything heavier than a pencil.

Weeks 6 - 8

If radiographs are showing signs of union, may begin to slowly incorporate resistance and strengthening exercises. May now use arm to lift nothing heavier than a carton of milk.

Weeks 8 - 12

Once radiographs show union and 2 weeks of resistance exercises have been performed, then may work on aggressive shoulder rehab to return to sports. Once painless shoulder function has been achieved and strength has returned, and an athlete has completed the return to play rehab, then an athlete may return to play.

STRENGTH

Progress strengthening program with increase in resistance and high speed repetition

Progress with eccentric strengthening of posterior cuff and scapular musculature

Initiate single arm plyo-toss

Progress rhythmic stabilization activities to include standing PNF patterns with tubing

UBE for strength and endurance

Initiate military press, bench press, and lat pull-downs

Initiate sport specific drills and functional activities

Initiate interval throwing program

Initiate light plyometric program

GOALS OF PHASE:

- Full ROM
- Maximize upper extremity strength and endurance
- Maximize neuromuscular control
- Initiate sports specific training/functional training