



Clavicle Fracture: Postoperative Rehabilitation

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):

- pendulum exercises
- squeeze ball
- triceps with Theraband
- isometric rotator cuff external and internal rotations with arm at side
- 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.