Town Center
ORTHOPAEDICS

Baris Yildirim, MD
HAND & WRIST SURGERY
UPPER EXTREMITY SURGERY
1860 Town Center Drive, Ste 300
Reston, Virginia 20190
O: 703-435-6604 F: 703-662-4506

Clavicle Fracture (Non-op Protocol)

- Ice the area rigorously: 20 minutes on, 20 minutes off
- 0-4 weeks: Wear sling at all times. OK for hand, wrist, and elbow movements. No shoulder exercises.
- Take Vitamin D if not already. Discuss DEXA scan/fragility fracture workup. Smoking cessation.
- If minimally displaced fracture type: OK to start pendulums or passive shoulder FE to 90
- 4 weeks: X-rays, potential discussion for surgery if fracture alignment changes or severe pain. Otherwise, wean off sling (consider still wearing in crowded areas and at night). Start supine passive assisted FE and ER as tolerated.
- 6 weeks: Start active shoulder motion. Lift < 2lb.
- 8 weeks: X-rays, if fracture alignment stable and evidence of healing with callous formation, advance to Phase 2 stretching (assisted extension, assisted internal rotation, cross body adduction) and Phase 1 strengthening (resistance bands: internal rotation, external rotation, extension, flexion, abduction). Can drive. Continue stretching until ROM normal, isometric strengthening. Lift < 5lb.
- 3-6 months: Continue strengthening. Weight training supine and gradually sit up. Gradually go back to sports. No push up, bench press, deadlift, lifting overhead > 20lb until 4 months.
- Return to work with limited duty at 2-3 months, full duty 4-6 months,
- Contact sports >4 months