



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, during the day to reduce the swelling
- 0-4 weeks: Sling or elastic abdominal immobilizer. OK for hand, wrist, and elbow movements, but no shoulder movement. Avoid removing the arm from the immobilizer.
- Patient education for Vitamin D/Calcium, DEXA scan/fragility fracture workup, smoking cessation.
- If minimally displaced fracture type: OK to start pendulums or passive shoulder FE to 90
- Repeat X-ray at 3-4 weeks: potential discussion for surgery if fracture alignment changes or patient is symptomatic
- 4-8 weeks: wean out of sling (consider still wearing in crowded areas), start supine passive assisted FE and ER as tolerated. No active shoulder motion until 6 weeks. Lift < 2lb.
- Repeat X-ray at 8 weeks, if fracture alignment stable and evidence of healing with callous formation, advance to:
- 8-12 weeks: advance to phase 2 stretching (assisted extension, assisted internal rotation, cross body adduction) and phase 1 strengthening (with resistance bands: internal rotation, external rotation, extension, flexion, abduction). Can drive. Continue stretching until ROM normal, start resistance bands, isometric strengthening, lift < 5lb
- 3-6 months: Continue resistance bands, 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