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CLINICAL NURSE

Eileen Perri, BSN
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REHABILITATION GUIDELINES

CLAVICLE FRACTURE OPEN REDUCTION AND INTERNAL FIXATION

The rehabilitation guidelines are presented in a criterion based progression program. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance, tissue quality and injury severity. Specific time frames, restrictions and precautions may also be given to protect healing tissues and the surgical repair/reconstruction.

INDIVIDUAL CONSIDERATIONS:

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General Guidelines:

1. Do not elevate surgical arm above 120 degrees in any place for the first 4 weeks
2. Do not lift any objects over 5 lb with the surgical arm for the first 6 weeks
3. Avoid repeated reaching for the first 6 weeks
4. Ice shoulder 3-5 times (15 minutes each time) per day to control swelling and inflammation.
5. An arm sling is used for 2 weeks postoperatively. Maintain good upright shoulder girdle posture at all times and especially during sling use.

WEEK 1

Exercises (3x/Day)

1. Pendulum exercises
2. Squeeze ball
3. Triceps with Therabands
4. Isometric rotator cuff external and internal rotation with arm at the side.
5. Isometric shoulder abduction, adduction, extension and flexion with arm at the side.

Soft tissue treatments for associated shoulder and neck musculature for comfort

Cardiovascular training such as stationary bike throughout rehabilitation period

WEEKS 2-4

1. Soft-tissue treatments for associated shoulder and neck musculature for comfort
2. Gentle pulley for shoulder ROM 2x/day.
3. Elbow and wrist PNF.
4. Isometric scapular PNF, midrange

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WEEKS 4-8

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

WEEKS 8-12

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

WEEK 12 and BEYOND

1. More aggressive strengthening program as tolerated
2. Increase the intensity of strength and functional training for gradual return to activities and sports.
3. Return to specific sports is determined by the physical therapist through functional testing specific to the injury.