



NONOPERATIVE REHABILITATION MIDSHAFT CLAVICLE (COLLAR BONE) FRACTURES

Please note: This document is intended to provide guidelines for the nonoperative rehabilitation of a patient who has suffered a clavicle fracture. The intent of this protocol is to not to supplant the decision making of the clinician, but to suggest a structure and progression of rehabilitation.

If the clinician requires assistance in the progression of a postoperative patient, please contact Dr. O'Donnell's office.

SUMMARY:

- Sling x1-2 weeks, Nonweight bearing of the upper extremity strictly
- Gentle pendulums starting weeks 1-2
- Progression from PROM, to AAROM, to AROM from weeks 2-6
- Shoulder strengthening exercises at week 6
- Repeat radiographs at week 6 and 12

PHASE I: ACUTE PHASE POST INJURY (Weeks 0-2 post fracture):

Goals:

- Control muscle spasm, pain, and guarding
- Minimize deconditioning
- Maintain range in joints around the effected region (wrist, hand, and neck)
- Protect healing tissues and minimize further injury

Intervention:

- Sling immobilization based on symptoms (typically 1-2 weeks)
- Modalities: such as TENS and ice, for pain control
- Gentle range of motion exercises of the neck, wrist, and hand
- Gentle pendulums only of the shoulder

PHASE II: ROM INITIATION (Weeks 2-6):

Keys for progression to Phase II:

- Reduced pain

Goals:

- Full PROM and AROM

Intervention: in addition to above

- PROM all planes weeks 2-3, limit 90 degrees FF
- AAROM all planes weeks 3-4, no limitations
- AROM weeks 4-6, progress as tolerated

PHASE III: STRENGTHENING (Weeks 7-12):

Keys for progression to Phase III:

- Minimal to no pain in the shoulder
- Full shoulder motion
- Endurance and dynamic stability of the scapulothoracic and upper extremity musculature
- Adequate neuromuscular control

Goals:

- Continue to control pain and neuromuscular control
- Improve strength

Intervention:

- Gradual increase in resistance with isotonics, first bands then progressing
- Plyometric exercises that help stimulate neuromuscular control and train the extremity to dissipate force.

Criteria for return to sport (Typically 3 months)

- Full functional range of motion
- Satisfactory strength and endurance
- Adequate static and dynamic shoulder stabilizers
- Pain free
- Radiographic evidence of fracture consolidation



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