

# Inland Orthopaedic Surgery & Sports Medicine Clinic

Kyle J. Hazelwood, M.D.

## OPEN REDUCTION INTERNAL FIXATION OF CLAVICLE FRACTURE POST-OP INSTRUCTIONS AND REHAB PROTOCOL

This protocol may vary in length and aggressiveness depending on factors such as: fracture stability and comminution (how bad the fracture is), how fast the healing occurs after surgery and rehab goals and expectations for each individual.

### I. POST-OP INSTRUCTIONS

- a. Sling is generally used for 4-6 weeks after surgery to protect the surgical repair. It is ok to remove the sling for bathing/grooming and while you are at home and sitting down. When walking wear the sling and especially when you are outside the home. It may be more comfortable to wear the sling while sleeping for the first few weeks.
- a. May **remove bandage post-op day 3** and clean shoulder with alcohol and gauze. Keep sterri-strips/sutures in place. Keep the incision covered with dry gauze for 10 days. **Ok to shower the day after surgery, but keep shoulder covered and as dry as possible.** Either bathe, keeping shoulder dry or cover shoulder with saran wrap and tape in shower.
- b. After removing dressing on 3<sup>rd</sup> day, do not scrub over incisions while in shower. Just let soap/water drain over shoulder and pat dry. Do not submerge incisions in bath or pool until fully healed (4-5 weeks)
- c. If you had a **nerve block at the time of surgery, it usually wears off 12-24 hrs post-operatively.** It is normal to have some numbness in the shoulder/arm the first few days after surgery as a result. **The first night after surgery take pain medication before going to bed as the nerve block will often wear off during the night.**
- d. Take the prescribed pain medications as directed. You can supplement your pain control with ice if needed. Place a towel over the shoulder if using ice to protect the skin.
- e. Decrease the frequency of your pain medicine as your symptoms allow. Although everyone is different, generally patients are able to be off of pain medicine around 1-2 weeks post-op.
- f. There is no conclusive data about when it is safe to return to driving after shoulder surgery. You cannot drive while taking pain medications. Generally it is a good idea to arrange for someone else to drive for you for the first week. Return to driving is highly individualized and is generally guided by your ability to drive safely and your ability to make evasive maneuvers if that was required.
- g. The risk of blood clots is extremely low after surgery of the shoulder or upper extremity. However, certain conditions may increase your risk including smoking, family or personal history of blood clots or birth control pills. If any of these situations apply, please let Dr. Hazelwood know and take 1 tablet of aspirin (325 mg) per day for 3 weeks after surgery.

### II. REHABILITATION PROTOCOL WEEKS 0-6

- a. Ok to remove your sling for exercises
- b. 2-3 times per day work on pendulum exercises and table slides (see below)
- c. Work on range of motion of your wrist, elbow and grip strength beginning the day after surgery
- d. No lifting with your operative arm exceeding 5-10 lbs
- e. After two weeks it is ok to begin assisted forward elevation (using your non-operative arm to lift your arm straight in front of your body). **Do not exceed elevation above 90 degrees. No overhead motion**

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## **III. REHAB PROTOCOL WEEKS 6-10**

- a. Sling is no longer necessary
- b. Formalized physical therapy is not always required after clavicle fractures. Since the surgery doesn't enter the shoulder joint, stiffness is rarely an issue. In some cases if motion is lacking or for strengthening physical therapy sessions may be required.
- c. Can begin active assisted range of motion in the plane of the scapula. It is now ok to lift the arm overhead.
- d. It is ok to return to normal routine daily activity
- e. No upper body strength training yet. Lifting restriction 20 lbs.

## **IV. REHAB PROTOCOL WEEKS 10-12**

- a. Achieve full range of motion based on radiographic healing of the fracture
- b. Can begin rotator cuff, deltoid and trapezius strengthening
- c. Begin periscapular strengthening

## **V. REHAB PROTOCOL WEEKS 12-16**

- a. Can resume upper body strength training as long as radiographs demonstrate fracture healing
- b. Return to sports is allowed sometime between weeks 12-16, if there is radiographic healing, full range of motion and strength 90% of the nonoperative arm

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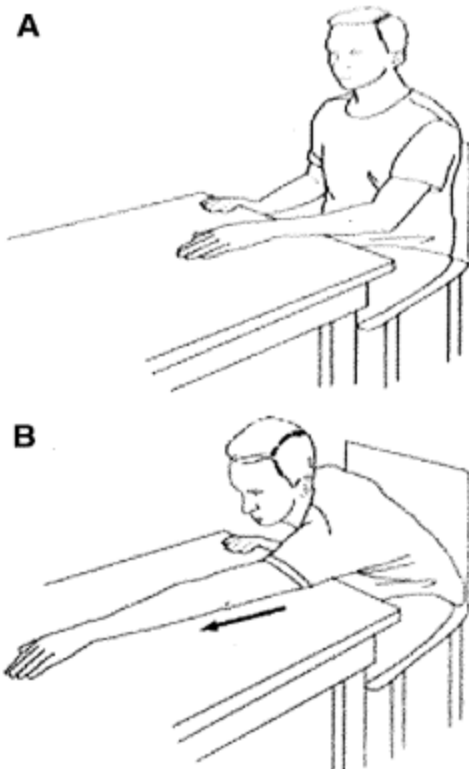


FIGURE 1. Table slide. (A) Starting position. While seated at a table, the patient places the hand of the affected shoulder on a sliding surface (e.g., a magazine that slides over a smooth table surface). (B) Ending position. The patient slides the hand forward, maintaining contact with the table, while the head and chest advance toward the table.

