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## **Clavicle Fracture: Postoperative Rehabilitation**

### **Immediate Post-operative Instructions:**

Do not elevate surgical arm above 90° in any plane for the first 4 weeks postop.  
Do not lift any objects over 5 pounds with the surgical arm for the first 6 weeks.  
AVOID REPEATED reaching for the first 6 weeks.  
Ice shoulder 3-5 times (15 minutes each time) per day to control swelling and inflammation.  
An arm sling is used for 4 weeks post-op.  
Maintain good upright shoulder girdle posture at all times and especially during sling use.

### **Week 1:**

- Exercises (3x per day):
- pendulum exercises
- squeeze ball
- triceps with Theraband
- isometric rotator cuff external and internal rotations with arm at side
- isometric shoulder abduction, adduction, extension and flexion with arm at side.
- Soft-tissue treatments for associated shoulder and neck musculature for comfort.
- Cardiovascular training such as stationary bike throughout rehabilitation period.

### **Weeks 2 - 6:**

- OK to discontinue sling use at 4 weeks post-op
- Soft-tissue treatments for associated shoulder and neck musculature for comfort.
- Gentle pulley for shoulder ROM 2x/day.
- Elbow pivots PNF, wrist PNF.
- Isometric scapular PNF, mid-range.
- Strive for progressive gains to active 90 degrees of shoulder flexion and abduction (though not beyond 90 degrees).

### **Weeks 6 - 8:**

- Start mid-range of motion rotator cuff external and internal rotations
- Active and light resistance exercises (through 75% of ROM as patient's symptoms permit) without shoulder elevation and avoiding extreme end ROM.

### **Weeks 8 - 12:**

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

### **Weeks 12 and beyond:**

- Start a more aggressive strengthening program as tolerated.
- Increase the intensity of strength and functional training for gradual return to activities and sports.
- Return to specific sports is determined by the physical therapist through functional testing specific to the injury.