

Clavicle Fracture Non-Operative Treatment

Physical Therapy Protocol

1. Introduction

Most clavicle fractures heal successfully with nonoperative management. Initial care typically involves temporary immobilization for comfort, followed by a gradual increase in activity as tolerated.

2. Activities of Daily Living

Sleeping

- Patients should sleep on their back or on the non-injured side while wearing the sling.
- Place a pillow across the chest to support the injured side when sleeping on the side.
- When sleeping on the back, use a pillow under the arm for support or rest in a semi-reclined position for added comfort.

Hygiene

- Use a non-slip mat in the shower or bath for safety.
- Let the injured arm hang gently at the side while bathing.
- Use a long-handled sponge for axillary hygiene or areas that are hard to reach if assistance is unavailable.

Dressing

- Loose-fitting, button-up shirts are recommended.
 - When dressing, start with the injured arm first, followed by the non-injured arm.
 - Reverse the process for undressing.
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3. Progressive Exercises

General Guidelines

- Maintain sling support until the patient can comfortably start shoulder motion or until healing on X-ray is evident.
- Non-weight-bearing for the injured arm is required for approximately 6 weeks or until progressive healing is observed.

Phases of Exercises

- Passive/Assisted Range of Motion: Begin gentle, guided movements.

- Active Range of Motion: Progress to unassisted movements as tolerated.
 - Progressive Resistance Exercises: Gradually strengthen the shoulder and surrounding musculature.
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4. Phases of Non-Operative Treatment

Phase I: Day 1–3 Weeks Post-Injury

Focus on maintaining mobility in unaffected joints to reduce swelling and preserve function.

- Elbow straightening and bending.
- Hand opening/closing and soft ball squeezing.
- Wrist bending forward, backward, and in circles.
- Shoulder blade squeezes while keeping shoulders relaxed.

Phase II: 3–6 Weeks Post-Injury

Introduce passive and assisted range of motion exercises as pain subsides and healing progresses.

- External and Internal Rotation.
- Flexion using a table or a ball against a wall.

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Through Small Incisions

- Sub-maximal Isometric Exercises:
 - Internal/external rotation.
 - Abduction and extension.

Phase III: 6–12 Weeks Post-Injury

Begin gradual strengthening exercises once permitted by the surgeon.

- Resistance exercises to restore strength and mobility.
- Return to full activities or sports only after healing is confirmed on X-ray and full strength is regained (typically around 6 months).

If healing is not evident after 3 months, further evaluation or surgical intervention may be necessary

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