

Evan D. Boyd, MD
Knee, Shoulder, & Sports Medicine Surgeon
518-489-2663 ext 5215

REHABILITATION PROTOCOL: Clavicle Fracture Non-Operative Protocol

More information can be found about your injury at these websites:

- Orthopaedic Trauma Association:

<https://ota.org/for-patients/find-info-body-part/3713#/+/0/score/desc/>

- American Academy of Orthopaedic Surgeons:

<https://orthoinfo.aaos.org/en/diseases--conditions/clavicle-fracture-broken-collarbone/>

0-2 weeks post injury

Instructions

- Sling when awake and moving around
- Can come out of sling to stretch your elbow and wrist
- Position for comfort when sleeping

2-6 weeks post injury

Instructions

- Minimal weight bearing (1-2 lbs) with upper extremity
- You can use your hand for activities of daily living (feeding, hygiene, etc) as tolerated

based on your pain

- Wear a sling for comfort, you should come out of the sling several times a day to stretch your elbow and wrist

- Begin to work on the shoulder exercise program as detailed below. This includes pendulums, active assisted range of motion and passive range of motion of the shoulder

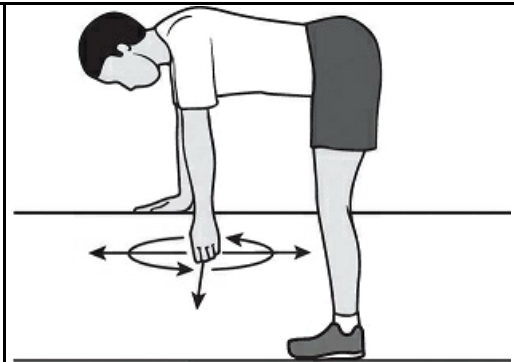
Exercise Program

Evan D. Boyd, MD
 Knee, Shoulder, & Sports Medicine Surgeon
 518-489-2663 ext 5215

- Regular exercises to restore motion and flexibility to your shoulder and a gradual return to your everyday activities are important for your full recovery.
- You should exercise for 10 to 15 minutes, 2 or 3 times a day during your early recovery period.
- **Early in your recovery it is critical to use pain as your guide when exercising. Doing too much, too soon may delay healing.**
- Unless otherwise noted, these can be done 3 sessions per day, 10 repetitions per session

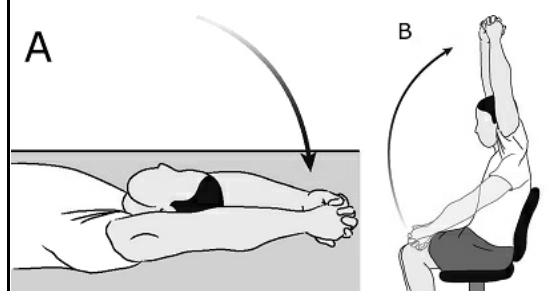
Pendulum, Circular

- Bend forward 90 degrees at the waist, placing your uninjured hand on a table for support.
- Rock body in a circular pattern to move arm clockwise 10 times, then counterclockwise 10 times. Keep your arm relaxed during the exercise. The circular movement should occur through your shoulder joint.



Shoulder Forward Elevation (Assisted)

- This exercise can be done either lying down (A) or sitting down (B).
- Clasp hands together and lift arms above head. Keep your elbows as straight as possible.
- Maintain the elevation for 10-20 seconds, then slowly lower your arms.
- Slowly increase the elevation of your arms as the days progress, using pain as your guide.

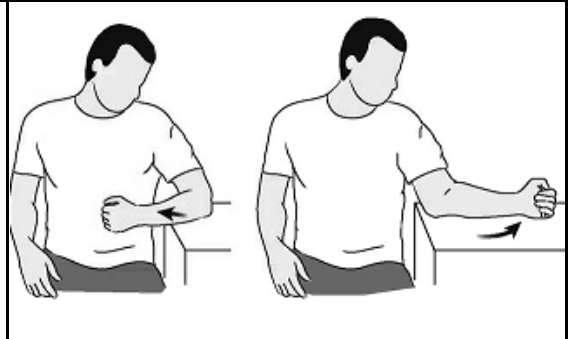


Supported Shoulder Rotation (Assisted)

Evan D. Boyd, MD
 Knee, Shoulder, & Sports Medicine Surgeon
 518-489-2663 ext 5215

Keep elbow in place and shoulder blades down and together.

- Slide forearm back and forth, as shown.
- You can also perform this exercise using a stick or cane to assist your arm outwards (keeping your elbow at your side).



6-12 weeks post injury

Instructions

- May begin to increase your weight bearing up to 10 pounds
- Discontinue sling
- Begin outpatient physical therapy and/or advance home exercise program
- Add active shoulder range of motion exercises and progressive strengthening
- Continue to work on the shoulder stretching exercises started 4 weeks ago.

Exercise Program

- Add active shoulder range of motion exercises and progressive strengthening
- **Continue to use pain as your guide, each patient moves at a slightly different pace**
- Unless otherwise noted, these can be done 3 sessions per day, 10 repetitions per session

Evan D. Boyd, MD
 Knee, Shoulder, & Sports Medicine Surgeon
 518-489-2663 ext 5215

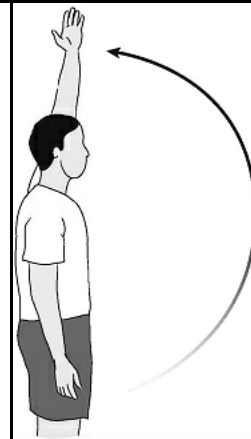
Walk Up Exercise (Active)

With elbow straight, use fingers to "crawl" up a wall or door frame as far as possible. Hold for 10-20 seconds.



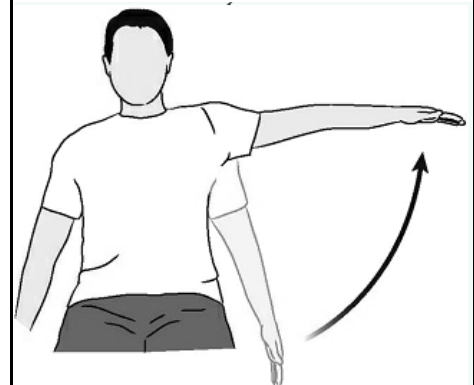
Shoulder Forward Elevation (Active)

- Raise arm upward to point to ceiling, keeping elbows straight and leading with your thumb, as shown. Hold for 10 seconds.
- Tip: Avoid hiking or bringing up your shoulder blade. It may be beneficial to watch yourself do this exercise in front of a mirror.



Shoulder Abduction (Active)

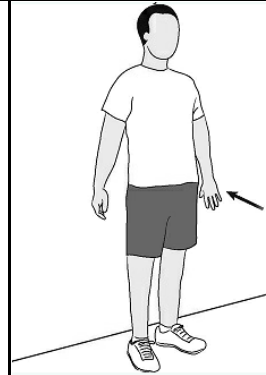
- Raise arm out to side, with elbow straight and palm downward. Do not shrug your shoulder or tilt your trunk.
- Repeat only 3 times per session
- Note: This exercise may not be recommended after certain surgeries. Check with your surgeon or physical therapist to ensure that it is appropriate for you.



Evan D. Boyd, MD
 Knee, Shoulder, & Sports Medicine Surgeon
 518-489-2663 ext 5215

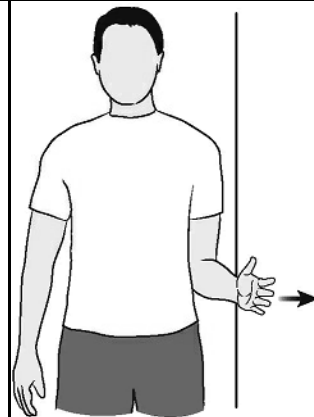
Shoulder Extension (Isometric)

Stand with your back against the wall and arms straight at your sides. Keeping your elbows straight, push your arms back into the wall. Hold for 5 seconds, and then relax.



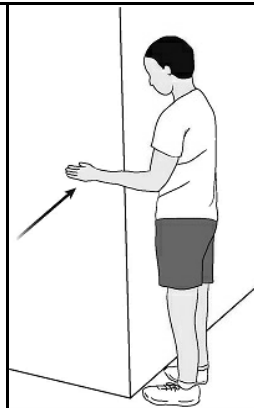
Shoulder External Rotation (Isometric)

Stand with the involved side of your body against a wall. Bend your elbow 90 degrees. Push the back of your hand slowly into the wall. Hold for 5 seconds, and then relax.



Shoulder Internal Rotation (Isometric)

Stand at a corner of a wall or in a door frame. Place your involved arm against the wall around the corner, bending your elbow 90 degrees. Push the palm of your hand into the wall. Hold for 5 seconds, and then relax.



Evan D. Boyd, MD
 Knee, Shoulder, & Sports Medicine Surgeon
 518-489-2663 ext 5215

Shoulder Adduction (Isometric)

Place a small pillow between your inner arm and the side of your chest, as shown. With your arm, squeeze the pillow against the side of your chest. Hold for 5 seconds, and then relax.



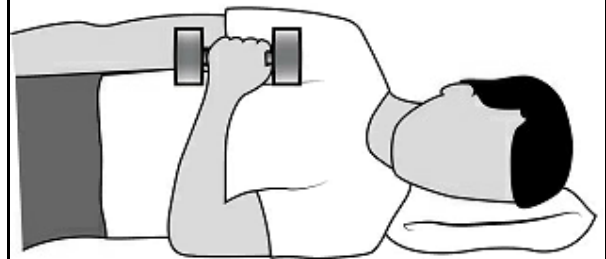
Shoulder Abduction (Isometric)

Resisting upward motion to the side, slowly and gently push your arm against the back of chair. Hold for 5 seconds, and then relax.



Shoulder Internal Rotation (Strengthening)

Lie on your involved side. Keep your elbow bent at 90 degrees. Holding a light weight (< 5 lbs), raise hand toward stomach. Slowly return.



Evan D. Boyd, MD
Knee, Shoulder, & Sports Medicine Surgeon
518-489-2663 ext 5215

Shoulder External Rotation (Strengthening)

Lie on your uninjured side. Keep your elbow bent at 90 degrees. Holding a light weight (< 5 lbs), raise hand away from stomach. Slowly return.

