

Clavicle Fracture Repair Protocol

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Phase I (Post-op until week 6) Protective Phase

- Sling immobilization initially; worn mostly for comfort. May remove for very gentle low arc range of motion activities under 45 degrees of elevation.
- After 2 weeks, sling worn during high risk activities only
- Initiate PROM as tolerated immediately
- Start AROM at week 4, but limit to: flexion 90°, external rotation 45°, extension 20°
- Elbow and wrist ROM and grip strengthening exercises
- Codman's pendulum exercises
- Capsule mobilizations as indicated
- Initiate closed-chain scapular stabilization exercises
- Control pain and inflammation

Phase II (Weeks 6–12) Early Motion and Strengthening Phase

- Discontinue sling use unless otherwise directed
- Begin active ROM progression
- ROM goals: Full active ROM as soon as tolerated
- Continue Phase I exercises
- Begin light resistive strengthening of scapular stabilizers, rotator cuff, biceps, and triceps
- All strengthening to remain below horizontal plane and within protected arcs to avoid anterior capsule stress
- Maintain cardiovascular conditioning with walking or stationary bike

Phase III (Weeks 12–16) Strengthening Phase

- Advance strengthening program as tolerated
- Glenohumeral and scapulothoracic stabilization
- Aggressive scapular stabilization and eccentric strengthening as tolerated
- Initiate muscular endurance training (upper body ergometer)
- Begin plyometric activities and throwing or racquet sport progression as tolerated
- Full and pain-free ROM required for return to sports, which can occur at 12 weeks for radiographically healed fractures.

Special Considerations:

- Return to sport is individualized and surgeon-directed.