
Distal Clavicle Fracture: Open Treatment and Internal Fixation Post-Operative Rehabilitation Protocol Illinois Bone & Joint Institute

*****Note: Fracture healing generally takes 6-8 weeks. Surgical fixation of distal clavicle fracture is generally less secure than mid-shaft clavicle fractures and requires a more conservative rehab protocol *****

The intent of this protocol is to provide the clinician with a guideline for the postoperative rehabilitation course of a patient that has undergone a surgical repair of a distal clavicle fracture. This protocol is no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon.

Phase 1: **Time Frame:** 0-6 weeks

Immobilization: Sling Immobilizer / Brace with 15 degrees abduction x 6 weeks. Wear continuously except for therapy, HEP and hygiene / bathing.

Restrictions: No AROM or strengthening.

Exercises: During the 1st week or two the focus is on pain management and edema control. Gripping exercises, elbow, wrist and finger ROM. Shoulder pendulums in small slow circles. Modalities as needed. Instruct on HEP to perform twice daily.

Phase 2: **Time Frame:** 6-12 weeks

Immobilization: None

Restrictions: AROM at 6 weeks. Isometric strengthening with arms at side (IR, ER, abduction, scapular retraction) is begun at 8 weeks. Resistive strengthening is initiated at 10 weeks post-op. Advances in exercises should be gradual and progressive. If pain develops drop back to early stage of rehab until abates.

Exercises: Gradually increases ROM exercises and strengthening within limits of restrictions listed above (Goal is 85% or greater of normal PROM by 12 weeks).

Phase 3: **Time Frame:** 12-18 weeks

Immobilization: None

Restrictions: Exercise advancement should be gradual and in slow increments while avoiding pain. If patient develops pain, drop back to early phase of rehabilitation, until pain free. No ROM restrictions.

Exercises: Continue with shoulder A/PROM. Progression should be gradual and in slow increments while avoiding pain.

Phase 4: **Time Frame:** 18-26 weeks

Immobilization: None

Restrictions: No specific restrictions. Patients ROM, strength and endurance should be advanced progressively while avoiding pain.

Exercises: ROM should be returning to normal; if not, continue to address with stretching and a HEP. Progressive upper-body strengthening may be more aggressive after 16 weeks. Add plyometric training for athletes at 20 weeks. Add exercises simulating work requirements at 20 weeks as part of return to work program.

Phase 5: **Time Frame:** 26+ weeks

Goal: Restore normal shoulder function and progress to return to sport or return to work.

Restrictions: No specific restrictions. Advance progressively while avoiding pain. If the patient develops pain they are to return to earlier stage of rehabilitation.

Exercises: Aggressive upper-body strengthening and with initiation of plyometric training and sports or work specific training. Consider work conditioning program based on patients job requirements and patient motivation.