

Non-operative Clavicle Fracture

*Sling as needed for comfort initially then wean as tolerated.

GOALS:

0-2 weeks

- Decrease pain, inflammation and muscle guarding.
- Promote healing of soft tissues.
- Re-establish baseline dynamic joint stability and prevent damage to glenohumeral joint capsule and also the fracture site.
- Immediate limited and controlled ROM, increase and maintain pain free GH ROM as tolerates.
- Hand, wrist and elbow ROM and ADL modifications first 2 weeks.
- Exercise caution in positions patient feels may stress fracture site.

2-8 weeks

- 1) Caution in abduction and external rotation with stretching and strengthening.
- 2) May perform supine wand/stick external rotation.
- 3) Pendulums, pulleys.

8-10 weeks

- Full pain free glenohumeral P/AROM of the shoulder in all planes as tolerated, progress to full RROM after full passive, active assisted and active ROM is achieved and progress as tolerates.
- Supine active assisted ROM with wand all planes.
- Rotator cuff band 4-way strengthening.
- Rhythmic stabilization exercises.
- Scapular stabilization exercises; use of low rows, isometric scapular retraction and depression, shoulder shrugs, prone rowing or bench rows, push-up plus: wall, table-top, floor, bench with a plus, chair press-ups, sitting or standing flys, lat pull downs, etc.
- Modalities per therapist discretion.
- Please teach HEP that the patient can multiple times on their own at home.

May attend up to 1-3 times weekly for 8-12 weeks.