

## CLAVICLE FRACTURE FIXATION REHAB PROTOCOL

Please correlate rehab plan with operation note for patient specific post-operative plan base on intra-operative findings.

Mr Francis Ting performs mini-open approach and locking fixation to speed up rehab and recovery after clavicle fracture.

- 0-2 weeks
  - Sling immobilisation with elbow supported for 2 weeks
  - Active finger, wrist, elbow range of motion exercises, grip strengthening
  - Passive shoulder elevation up to 90 degrees and external rotation in supine position (lying on back), twice a day
  - Isometric painfree submax shoulder exercises in sling against wall/chair/body in all direction
- After 2 weeks
  - Sling as required for comfort and safety, wean out of sling by 3 weeks
  - Active shoulder elevation up to 90 degrees, external rotation no limitation and internal rotation up to buttock
  - Passive shoulder range of motion in all direction, no limitation with passive overhead elevation
  - No heavy lifting or strengthening until 6 weeks post op
- After 6 weeks
  - Continue with above
  - Active and passive shoulder range of motion with no restriction, aim to regain full range of motion over next 2 weeks
  - Gradual strengthening with elastic bands and weights
  - Work and sport specific strengthening
- After 10-12 weeks
  - Return to heavy labour after 10 weeks
  - Return to contact sport pending x-ray findings after 12 weeks
- Follow-up appointment:
  - 2 weeks clinic for wound check
  - 6 weeks clinic with Mr Francis Ting with x-ray
  - 12 weeks clinic with Mr Francis Ting with x-ray
  - Option to have plate removal at 1 year