SOUTH BEND ORTHOPAEDICS

53880 Carmichael Drive ● South Bend, IN 46635
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Phone 574-247-9441 ● Fax: 574-247-9442 ● www.sbortho.com

ORIF CLAVICLE PROTOCOL

Clavicle fractures may require surgery to provide anatomic healing to maximize patient function and reduce risk of need for future surgery. Our goal is minimize ongoing pain, restore function, and allow our patients to return to activity as early as possible.

Please note that this is a rough guideline and your case may vary, especially if it is a revision case, malunion or nonunion.

WEEK 0-2: Nonweightbearing operative extremity but may perform activities of daily living (ADLs) as tolerated
- Ultrasling for 1 week with 1 lb weight-restriction
- Elbow, wrist, and hand ROM as tolerated
- Ice operative site 20 min on/40 min off (Vascutherm or ice bag)
- Acetaminophen (e.g. Tylenol) 500mg every 6 hours alternating with ibuprofen 600mg every 6 hours or meloxicam 15mg once daily. Narcotic pain medication (hydrocodone or oxycodone) should be reserved for breakthrough pain as second line medication. Do not take over 4,000mg of acetaminophen per day.

WEEK 2: Sutures removed 10-14 days postoperatively
- Start non-gravity (elbow supported) shoulder pendulum exercises

WEEK 3: Start passive ROM as tolerated with the following limitations:
- Forward flexion <90º
- External rotation <45º
- Internal rotation to buttock only

WEEK 6:
- Discontinue Ultra-Sling
- Start passive ROM as tolerated with NO restrictions
- When passive ROM is full then start active ROM as tolerated

WEEK 10 (if fracture is healed on xray – please ask MD)
- Start gradual progressive strengthening

WEEK 12:
- Start return to sport/work exercises

PHYSICAL THERAPY: start between 4-6 weeks post op, focus on motion and swelling at first, then gait training and strengthening

DRIVING: Prior to driving, you must off narcotic pain medication.

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- focus on hip/knee/core for first 6-10 weeks
- patient specific desires on gait training with/without therapist
- DO NOT attempt to gain motion in the planes that were fused: for subtalar/triple arthrodesis, focus only on dorsiflexion/plantarflexion (DO NOT ATTEMPT side to side motion)

DRIVING: Prior to driving, you must be able weightbear on your right foot without crutches. In addition, you may begin driving at 9 weeks if surgery on right ankle; if left ankle, may drive automatic transmission car when off narcotic pain medication

FULL ACTIVITY: This may take 6 to 18 months. There is no guarantee on outcome. All conservative management options have risk of worsening pain, progressive irreversible deformity, nonunion or malunion, and failing to provide substantial pain relief. All surgical management options have risk of infection, skin or bone healing issues, and/or worsening pain. Our promise is that we will not stop working with you until we maximize your return to function, gainful work, and minimize pain.

SHOWERING: You may shower with soap and water 1 day after surgery. Avoid lotions, creams, or antibiotic ointments on surgical site until directed by your orthopaedic surgeon. No baths or submerging operative site under water until incision has completely healed.

SKIN CARE: Steristrips are typically placed on your incision at your follow up appointment. Steristrips will typically fall off on their own. Remove steristrips in shower after 3 weeks if they remain on incision. Incisions may become sensitive.

Developed in conjunction with the physicians at South Bend Orthopaedics

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Some surgical incisions based on their location and patient factors are more likely to require postoperative scar desensitization with physical therapy. You may use Mederma or other skin protectant lotion once incisions have completely healed and approved by your orthopaedic surgeon. Do not placed cortisone or other steroid on your incision unless directed by your orthopaedic surgeon. Incisions and surgical site scars are more prone to burn by ultraviolet radiation when out in the sun. Always apply sun screen onto the healed incision once fully healed.

STOOL SOFTENERS: While on narcotic pain medication (e.g. Norco/hydrocodone or Percocet/oxycodone) especially within first 72 hours of surgery, you should take stool softener (e.g. Miralax, docusate, senna). Discontinue if you develop loose stool or diarrhea.