

Patient name:

Date of Surgery:

Surgery performed:

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South Bend Orthopedics
PostOp Instructions and Rehabilitation Protocol
Clavicle Open Reduction Internal Fixation

This is a general guideline. Certain patients may require extra attention to certain areas of their body or portions of the protocol. Always listen to your therapist, a protocol never replaces their good clinical judgment. Do not attempt to increase weight, perform a new exercise, or increase your range of motion without their direction.

You will be discharged home from the recovery until when you meet their specific criteria. A nerve block or local anesthesia will be used to help with immediate postoperative pain control. Some persistent numbness and tingling over your anterior chest wall, distal to your incision, is common after this surgery. The size of the numb area may decrease over time, but not entirely go away.

An IMMOBILIZER/SLING is to be worn at all times for the first two weeks after surgery. Only to be removed for hygiene and gentle exercise. After two weeks, the sling is to be worn during the daytime only.

First postoperative visit: 10-14 days after surgery

2nd postop visit: 6 weeks postop

3rd postop visit: 3 months postop

Subsequent visits are scheduled on an individual patients progress and requirements for return to sport/work/activities.

	RANGE OF MOTION	EXERCISES
PHASE I 0-4 weeks	<p>0-1 weeks: None at shoulder</p> <p>2-4 weeks: begin PROM</p> <p>Limit flexion to 90°, external rotation to 45°, extension to 20°</p>	<p>0-1 weeks: elbow/wrist ROM, grip strengthening at home only</p> <p>2-4 weeks: begin PROM activities – Codman’s, posterior capsule mobilizations; avoid stretch of anterior capsule and extension; closed chain scapula</p> <p>NO weight bearing to the surgical extremity</p>

PHASE II 4-8 weeks	Begin active/active assist ROM, Goals: Full extension rotation, 135° flexion, 120° abduction	Continue Phase I work; begin active- assisted exercises, deltoid/rotator cuff isometrics at 4 weeks Begin resistive exercises for scapular stabilizers, biceps, triceps and rotator cuff* Progress to 5lb weight bearing. Increase 5lb every two weeks.
PHASE III 8-12 weeks	Gradual return to full AROM	Advance activities in Phase II; emphasize external rotation and latissimus eccentrics, glenohumeral stabilization Begin muscle endurance activities (upper body ergometer) Aggressive scapular stabilization and eccentric strengthening Plyometrics/throwing/racquet program begin at 10 weeks, continue with endurance activities
PHASE IV 12+ weeks		Cycling/running okay at 12 weeks or sooner if given specific clearance Contact sports permitted no sooner than 12 weeks after surgery.

*Utilize exercise arcs that protect the anterior capsule from stress during resistive exercises, and keep all strengthening exercises below the horizontal plane in phase II

Wound care:

- SPF 30 or greater is recommended over the incisions for the first year to minimize darkening of the scar.
- Your incision is closed with suture buried under the skin. These do not need to be removed.

Showering:

- May be done immediately with your waterproof dressing. Remove this dressing 10 days postop.
- **Do not submerge the incision in a bath, swimming pool or any other body of water until the incisions are completely healed, typically 4-6 weeks following surgery.** Premature submersion may lead to infection.

Ice/Cold Therapy:

- Used to minimize pain and swelling after surgery.
- Ice should be applied in cycles of 20 minutes on, 40 minutes off for the first 72 hours following surgery. Ice can also be used after doing physical therapy and home exercises if swelling is persistent.
- Do not apply ice directly to the skin.
- If an ice machine was prescribed or is available to you, follow recommendations specific to that machine.

Pain Medication:

- Narcotic Pain Medication is best utilized for acute pain and for short durations. It is given to allow for tolerable discomfort
- ONE prescription of narcotic pain medication is typically sufficient after these procedures. Hydrocodone/acetaminophen (7.5/325 mg) may be taken 1 time every 6 hours as needed for pain. A maximum of 4 tablets may be taken in a given day. Approximately 15 tablets will be prescribed.
- Common side effects of narcotic medication include: flushing, dizziness, nausea, drowsiness, constipation, delirium. If you are using narcotics, minimize constipation by drinking adequate amounts of water and consuming a high-fiber diet. A stool softener such as docusate and/or a GI motility agent such as Senna may be purchased over the counter as well.
- DO NOT operate a motor vehicle or heavy machinery while under the influence of narcotic medication.
- Alternatives to narcotic pain medication include ibuprofen (600 mg every 6-8 hours) and Tylenol. You may take ibuprofen in conjunction with Norco if you are having breakthrough pain. **Tylenol is not to be taken with Norco.**

Minimizing Risk for Deep Vein Thromboses (DVT, blood clots)

- Blood clots in the extremities (DVT) or lungs (pulmonary embolism- PE) are possible after having surgery due to decreased mobility. If a blood clot travels out of the extremities and into the lungs, it can be a serious and life-threatening condition. Concerning symptoms include calf pain, leg foot and swelling, shortness of breath, increased breathing or heart rate and fever.
- Mechanical methods for preventing DVT include contracting (flexing) the muscles of the legs, including the calves, quadriceps and gluteals. These should be done 10-15 times per hour while awake.
- Aspirin 325mg is recommended once per day for 4-6 weeks following surgery. Patients with allergies sensitivities or other contraindications to aspirin or other anti-coagulation agents should not take aspirin and should consult with their surgeon and/or primary doctor.
- Contraceptive medications should be temporarily suspended for 6 weeks after surgery.

Return to Driving:

- You **must** be off of narcotic pain medication to resume driving.
- You must have sufficient active range of motion of your arm and feel comfortable holding and turning the wheel.

Returning to Work/Sports:

- Returning to work/sports is largely dependent upon time from surgery, physical therapy progress and the specific occupational responsibilities and duties.
- Low physical demand jobs can be addressed on an individual basis.
- Sedentary work may be resumed after your first post-operative appointment.

Dental Work:

- Preoperatively, routine cleanings should be avoided within 3 days of surgery.
- Post-operatively, please schedule routine cleanings for at least 14 days after surgery.
- No antibiotic prophylaxis is needed for dental cleanings/procedures following this surgery.

Please contact the office at (574) 247 - 9441 if you are experiencing any of the following:

- Redness
- Foul Odor
- Abnormal warmth of the surgical site
- Shortness of breath
- Chest pain
- Excessive Swelling
- Numbness or tingling