Ryan Blackwell, MD

Orthopedic Surgery | Sports Medicine

SHOULDER

Non-Operative Clavicle Fracture

Injury Date: _____

Progressions are time and criterion-based, dependent on soft tissue healing, patient demographics and clinician evaluation. A review of the imaging and treating-clinician plan and communication of any concerns with the referring physician is encouraged. Use of allowed visits should consider overall insurance limitations. When limitations are present, spread visits out over time to ensure that the patient can optimally complete rehab program with return to appropriate activities.

Phase I: Protect Clavicle (Injury to 3–4 Weeks)

Sling

- At all times, except for hygiene and exercises
- Sleep in sling or upright position

Range of Motion

- NO shoulder ROM above 90° of flexion or abduction
- Elbow, wrist, and hand ROM as tolerated

Exercise

- Pendulums only for shoulder
- Grip strengthening
- Gentle cervical ROM

Precautions

- No lifting > 5 lbs with affected arm
- No contact sports or high-risk activities

Phase II: Advance ROM (4–6 Weeks)

Sling

- Wean out of sling as comfort allows

Range of Motion

- Begin PROM/AAROM as tolerated
- Progress to AROM as pain allows

Exercise

- Isometric rotator cuff and scapular exercises
- Progress pendulums to AAROM with pulleys and cane

Phase III: Restore Function (6–12 Weeks)

Range of Motion

- Full, painless AROM

Exercise

- Begin isotonic strengthening for rotator cuff, deltoid, and scapular stabilizers
- Progress to resistance bands and light weights
- Closed chain exercises

Return to Sports (3–6 Months)

Return to Activity

- Return to sports 3–6 months from injury
- Must demonstrate full ROM, adequate strength, and pain-free function
- Contact sports require physician clearance and radiographic evidence of healing