

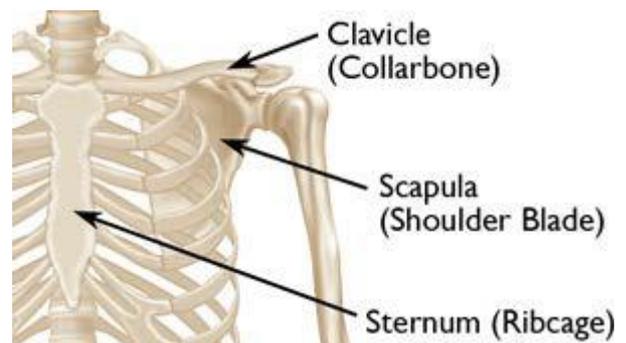
Exercises following Open Reduction Internal Fixation (ORIF) of a clavicle (collarbone) fracture

Introduction

Your clavicle (collarbone) is a long thin bone sitting between your shoulder blade and sternum (breast bone). It is part of the shoulder girdle and is important for shoulder stability and range of movement. The clavicle can be easily fractured from a direct force or falling onto an outstretched arm.

Depending on the location and presentation of your fracture, it may be necessary to have surgery to stabilise the bone with plates/screws/wire to bring together the ends of the

fracture so that they can heal.



General guidelines

Pain

A nerve block may be used during the procedure, which means that immediately after the operation the clavicle, shoulder and arm can feel numb for a few hours. The clavicle will be sore when this wears off and this may last for the first few weeks. It is important that you continue to take the painkillers as advised by the hospital. Ice packs may also help reduce pain. Wrap frozen peas/crushed ice in a damp, cold towel and place on the clavicle for up to 10 minutes; allow at least 20 minutes between each application of the ice pack.

Wearing a sling

You will return from theatre wearing a sling. The sling is worn for 3 weeks. Initially you will only remove the sling for specific exercises. Your physiotherapist will advise you of these.

Hygiene

You will be unable to bath or shower for 2 weeks / 3 weeks and will need to strip wash. It is possible, by leaning forward slightly, to get a baby wipe or face cloth under the armpit of the operated arm. You are very likely to need assistance to wash your back so it is advisable to try and organise some help from family and friends. If this is not possible we can organise a package of home care for you before you leave hospital, if required.

The wound

The stitches are dissolvable but are usually trimmed at 10-14 days. Keep the wound dry until it is well healed. The wound will be covered with a waterproof dressing and this should remain in place until you see your GP practice nurse, unless advised otherwise by the nursing staff.

If the wound changes in appearance, weeps fluid or pus or you feel unwell with a high temperature contact your GP.

Exercises

Day 0 – 2 weeks / 3 weeks

Begin elbow exercises:

- Bend and straighten the elbow with assistance of the good arm (while sitting if you were told you had a superior labral tear from anterior to posterior (SLAP) lesion). (This is a tear in the cartilage surrounding the shoulder cavity.)
- With a bent elbow turn the forearm over in a clockwise and anti-clockwise direction.



Begin wrist and hand exercises:

- Bend the wrist forwards and backwards.
- Tilt the wrist from side to side.
- Circle the wrist in a clockwise and anticlockwise direction.
- Squeeze and make a fist.
- Ensure you maintain a good upright posture in your sling.



If advised to do so by your physiotherapist and once comfortable you may do the pendular exercises below.

Begin gentle pendular exercises:

- In a standing position, lean forwards and allow the arm to hang pointing towards the floor.
- Then gently circle the arm.



- Stand holding onto solid surface if necessary.
- Lean forwards and allow the arm to hang down.
- Swing your arm gently forwards and backwards.

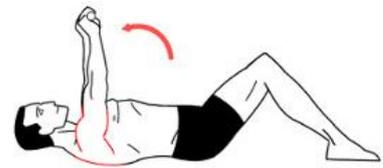


Weeks 2 / 3 onwards

- Continue elbow, wrist and hand mobility exercises.
- Continue pendular exercises.
- Wean out of the sling.
- Scar tissue management – regularly massage your scar once there is no longer a scab, and stitches have been trimmed or dissolved. You may wish to use a lubricant like moisturiser or oil. Your physio can advise and demonstrate on technique.

Begin passive (with help from the physio) exercises, progressing to active assisted (using your other hand or a tool to help), then active (you doing the exercise unassisted) as comfort allows; do not force or push into pain.

- Laying on your back use the good arm to support the bad arm and lift it to the vertical position.
- **Do not lift the arm above shoulder height.**



- Standing, slide the operated arm up the wall in front of you. The elbow can go no higher than shoulder height



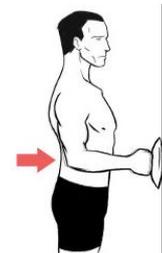
- Standing, lift the operated arm to **shoulder height** – initially assisted and then unassisted as able.



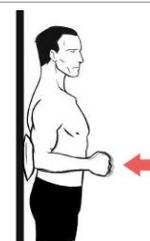
Begin gentle cuff isometric exercises as pain allows.

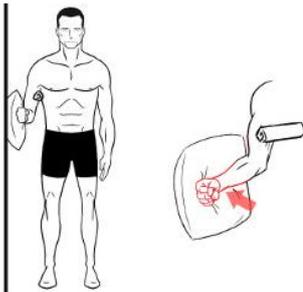
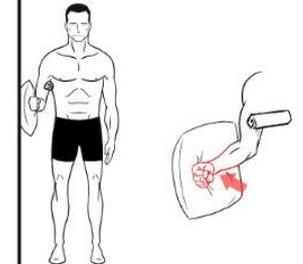
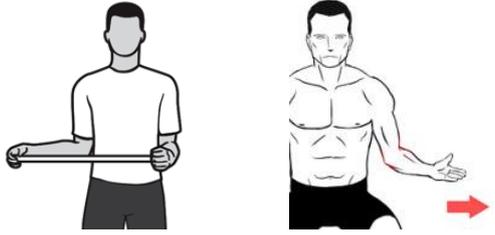
Do not force or overstretch!

- Arm at your side, elbow bent to 90 degrees, stand facing the wall.
- Apply pressure forwards through the wall.



- Arm at your side, elbow bent to 90 degrees, stand with your back to the wall.
- Apply pressure back through the wall.



<ul style="list-style-type: none"> • Arm at your side, elbow bent to 90 degrees, stand next to the wall. • Apply pressure out through the wall as if turning the arm outwards. Using a pillow as shown in the picture may make the exercise more comfortable but is not essential. 	
<ul style="list-style-type: none"> • Arm at your side, elbow bent to 90 degrees, stand to the side of a door frame facing the wall. • Apply inward pressure against the door frame. 	
<ul style="list-style-type: none"> • Arm at your side, elbow bent to 90 degrees, stand next to the wall. Apply an outward pressure into the wall through your elbow. 	
<ul style="list-style-type: none"> • Standing, holding a stick or broom, use the good arm to push the operated arm away from the body. • Do not go above shoulder height. 	
<ul style="list-style-type: none"> • Sitting or standing, tuck your elbows into your side, elbows bent and hold a stick or broom between your hands. • Use the good arm to assist the operated arm in a movement away from the body keeping the operated arm's elbow tucked into the side. • Progress exercise to take arm away from your body without using a stick. 	
<ul style="list-style-type: none"> • Standing, using a towel or stick, pull your operated arm across your lower back with the good arm. 	

- Standing, lift the bad arm up behind the back unassisted. A rolled up towel provides a small amount of traction and may make the exercise more comfortable but is not essential.



6+ weeks

- Continue shoulder girdle, elbow, wrist and hand mobility exercises and postural awareness.
- Push for full range of movement/ movements above shoulder height on the previous exercises.
- Begin strengthening activities.

- **Begin stretching of limited movements:**
- If you are having trouble reaching across to your opposite shoulder, pull the arm across the body, add a stretch by pulling on the elbow.



- Walk forward through a door frame, stretching open the chest and shoulders.



- **Progress rotator cuff strengthening (exercises on previous page) and begin closed chain (using wall or doorframe for control) exercises.**
- Standing or sitting, attach Theraband (provided by your physio) to a door handle, elbow tucked into side. A rolled up towel may make the exercise more comfortable but is not essential.
- Grasp Theraband, pull band in to touch stomach slowly and controlled.
- Return to start position.



- Standing or sitting, attach the Theraband to a door handle, elbow tucked into side.
- Grasp the Theraband, rotate your arm and pull the band away from your body slowly and controlled.
- Return to the start position.

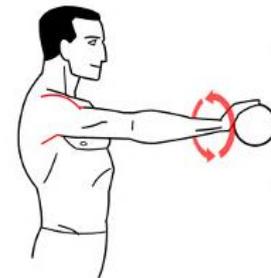


- Lying on your good side, tuck your elbow into your side.
- Hand pointed towards the ceiling: slowly rotate your arm, bringing your hand to your stomach.
- Hold a light weight to increase difficulty.

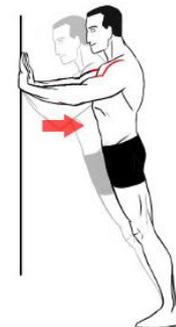


Proprioceptive (awareness of positioning) exercises and core stability (trunk strength) work:

- Standing, lift your arm straight in front of you to shoulder height.
- Roll a ball in different directions along the wall.



- Standing, hands shoulder width apart, shoulder height, resting on wall, lower your body to the wall.
- Push through your arms.
- Return to the starting position.



- On hands and knees, or in a press up position, lift one arm straight in front of your body.
- Slowly lower back to the start position.
- Repeat on your opposite arm.
- To increase difficulty, lift your opposite leg at the same time.



3 months

- Continue with strengthening exercises.
- Can commence heavy lifting, heavier physical duties / activities.

Milestones

Week 3	Comfortable passive/active assisted range of movement up to 90 degrees.
Week 6	75% to full range of movement.
Week 12	Full range of movement. Return to normal activity.

Further information

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Visit www.royalberkshire.nhs.uk

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