

Clavicle Fracture/Scapular Fracture

****DISCLAIMER:** Total length of rehab will vary depending upon the following factors: severity or acuteness of injury, age, health, or personal goals of the patient.

Initial rehab will depend of the severity and location of the fracture. If fixed with ORIF rehab will be more aggressive. If not fixed with ORIF the patient will be immobilized for up to 6 weeks. . Some patients will be progressed through each phase at a more accelerated rate, depending on the physiology of healing, as directed by the physician

Phase I: 0 – 6 weeks

Goals for Phase I:

1. Pain and swelling control
 2. Normal ROM of non-involved joints
- A. Orthotics: Patient is immobilized in cast or sling (clavicle fracture typically in figure 8 sling). Scapula Fx in shoulder immobilizer.
- B. ROM: Gentle AROM of non-involved joints. May begin gentle PROM and AAROM of GH joint after 2 wks of immobilization if no movement or crepatus is palpated at fracture site. AROM of IR/ER may begin immediately if performed in neutral position and w/ min. to no pain. All ROM exercises should be performed with figure 8 splint on during the 1st 6 – 8 wks if clavicle Fx. If Scapular Fx, pain free scapular AROM after 2 wks, if painful at fx site hold until beginning of 5th wk. May perform parascapular massage PRN for myofascial involvement to prevent restrictions later.
- C. Strengthening: Grip, wrist, forearm strengthening as needed
- D. Soft tissue management: wound monitoring (avoid getting stitches wet), swelling control, scar massage, desensitization
- E. Modalities: Utilize for pain, inflammation, swelling control, and muscle re-education as necessary

Phase II: 6 – 9 weeks

Goals for Phase II:

1. Functional ROM
 2. Functional strength
 3. ADL's with minimal difficulty
 4. Begin work/sports activities
- A. Orthotics: Gradually discontinue use of shoulder immobilizer.
- B. ROM: Work to restore full P/AROM of shoulder
- C. Strengthening: Begin gentle strengthening; start with isometrics, AROM, scapular stabilization/strengthening, progress to PRE's (thera-band, weights, weight-bearing activities etc) as tolerated.
- D. Functional activities: Use arm for ADL's as tolerated; job related activities (lifting, pushing, pulling etc.); sports related drills (begin throwing etc.)
- E. Modalities: Utilize for pain, inflammation, swelling control, and muscle re-education as necessary

Phase II: 9-12 weeks to release

Goals for Phase II:

1. Normal strength
 2. Return to work/sports
- A. Orthotics: Hockey pads, shock absorbing orthotics for appropriate athletes
- B. Continue strengthening/conditioning/functional activities as needed
- A. Biodex: Release to sports when involved arm 80% of uninjured