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**[www.WertMD.com](http://www.WertMD.com)**

### **POST OPERATIVE INSTRUCTIONS- CLAVICLE FRACTURE REPAIR**

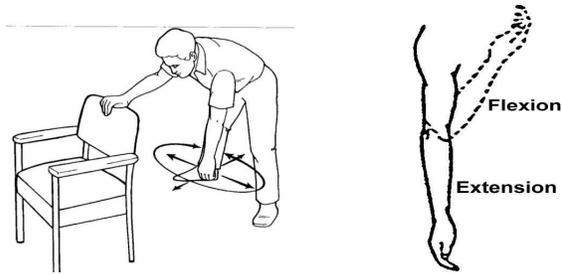
**Dressing:** After surgery, a dressing will be placed on your shoulder. You may remove the dressing 48 hours after surgery. It is normal to have a moderate amount of blood-tinted drainage on the dressing. If you need to remove the dressing earlier, keep the steri-strip bandages in place and recover the steri-strips with band-aides. Make every effort to keep the incision clean and dry for one week after surgery.

**Ice:** You should apply ice packs to your shoulder often in the few days just after your surgery. This will decrease both pain and swelling. You may use store bought ice packs or simple zip-lock bags with ice, but place a washcloth or towel between the icepack and dressing to help keep it dry. Use the ice packs for 15-20 minutes at a time every 2-3 hours.

**Showering:** You may shower by covering the shoulder with saran wrap or with a plastic bag by taping it securely to the top to prevent moisture from soaking the bandages or wounds. Never allow your incision to get wet as this may predispose you to developing an infection. You may get the incision completely wet in 20 days.

**Medication:** Although you have a prescription for strong pain medication, many patients are able to handle the discomfort post operatively with a milder pain medication such as extra strength Tylenol. We prefer that you avoid aspirin containing medications in the immediate post operative period as these can increase the tendency for bleeding, unless you are prescribed these for another medical condition.

**Exercise:** You will be started in a physical therapy program prescribed by Dr. Wert. Until your follow up appointment the only exercise at home that should be done are pendulum exercises and elbow range of motion as not to get any stiffness in the shoulder or elbow. (3 x per day for 20 REPs)



### **NORMAL SENSATIONS AND FINDINGS AFTER SURGERY:**

- a. Shoulder pain
- b. Shoulder warmth up to 3 weeks.
- c. Small amount of bloody drainage.
- d. Numbness to incision area.
- e. Bruising
- f. Swelling of the hand. If this happens, open and close your fingers to help pump the blood.
- g. Low-grade temperature less than 101.5 degrees – if this occurs, drink plenty of fluids and cough and deep breathe (take 10 breaths, on the last hold for a second then forcefully cough a few times). A low-grade temperature is normal for a week after surgery.
- h. Small amount of redness to the area where the sutures insert the skin

### **NOTIFY OUR OFFICE IMMEDIATELY IF ANY OF THE FOLLOWING SIGNS OR SYMPTOMS OCCUR:**

- a. Change is noted to your incision (i.e. increased redness or drainage)
  - b. Temperature greater than 101.5 degrees
  - c. Fever, chills, nausea, vomiting, or diarrhea
  - d. Incision becomes open
  - e. Drainage becomes yellow, pus-like, or foul smelling
  - f. Increased pain unrelieved by medication
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## **POST OP PHYSICAL THERAPY PROGRAM-CLAVICLE ORIF**

### **Week 1**

**Sling.** May remove sling to do Pendulum exercises. No active shoulder motion.

Elbow and wrist ROM exercises, but no resisted exercises.

**Goals:** Maintain elbow and wrist ROM, prevent shoulder stiffness, control pain and swelling. Protect the repair.

### **Weeks 2-3**

**Continue sling.** Sling may be removed for exercises. May begin active-assisted motion. Continue pendulum exercises. Rope/pulley OK for flexion/scaption.

No lifting anything heavier than a pencil in operative hand.

**Goals:** Initiate shoulder ROM. Prevent pain. Protect the repair.

### **Weeks 4-5**

May begin to wean from sling. If X-rays show no change in hardware, may begin full active and passive motion. No lifting anything heavier than a pencil.

### **Weeks 6- 8**

If radiographs are showing signs of union, may begin to slowly incorporate resistance and strengthening exercises. May now use arm to lift nothing heavier than a carton of milk.

### **Weeks 8-12**

Once radiographs show union and 2 weeks of resistance exercises have been performed, then may work on aggressive shoulder rehab to return to sports. Once painless shoulder function has been achieved and strength has

returned, and an athlete has completed the return to play rehab, then an athlete may return to play.

#### **STRENGTH**

Progress strengthening program with increase in resistance and high speed repetition  
Progress with eccentric strengthening of posterior cuff and scapular musculature  
Initiate single arm plyotoss

Progress rhythmic stabilization activities to include standing PNF patterns with tubing  
UBE for strength and endurance

Initiate military press, bench press, and lat pull-downs

Initiate sport specific drills and functional activities

Initiate interval throwing program

Initiate light plyometric program

#### **GOALS OF PHASE:**

- Full ROM
- Maximize upper extremity strength and endurance
- Maximize neuromuscular control
- Initiate sports specific training/functional training