

Clavicle Fracture ORIF (Open Reduction, Internal Fixation)

Physiotherapy advice for patients after surgery

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The purpose of this patient information is designed to offer advice and information about initial rehabilitation.

This booklet gives you physiotherapy advice on how to manage your condition and appropriate exercises that will aid your recovery. It is a guide only and the therapy you receive may vary depending on individual circumstances.

Physiotherapy aims to regain/improve movement, strength and function in your limb after surgery.

You have a vital role to play in your own recovery and it is important to follow the advice we give.

The collarbone, referred to as clavicle, is a long thin bone that lies between your shoulder blade (scapula) and your sternum (breastbone).

The collarbone is part of the shoulder girdle and provides stability and moves with the shoulder joint. It can be fractured by falling onto an outstretched arm or by a direct blow. The location, type and severity of fracture may vary so that plates/screws and wires may be necessary to bring the broken bone ends together so that they can heal.

Pain Control

- If you have a nerve block your arm will feel numb for a few hours immediately after surgery.
- It is important for your pain to be well controlled at all times such as when lying or sitting, moving in bed, getting in and out of bed and especially when walking.
- If your pain relief is making you feel sick or unwell, please let the ward nurses know or if you are at home notify your GP.
- If your arm is preventing you moving about or doing an activity, you need to ask the nursing staff for pain relief. If you are back home, ask your GP for a pain review.

Ice Therapy

Ice may offer temporary relief of pain by reducing swelling and inflammation which can be a source of pain.

You can apply ice for 12 to 15 minutes every 2 hours to the area of your surgery, making sure it is wrapped up in a damp tea towel.

When using ice make sure you look after your skin. If it remains red and sore after removing the ice, seek medical advice.

Polysling

On returning to the ward following your operation, your arm will be in a polysling. This will support the weight of your arm and help ease any discomfort.

Your consultant will specify how long you need to wear the polysling and when it can be discarded.

In bed, placing pillows under your whole arm so that your hand is just above shoulder level may help reduce swelling and discomfort and help you get to sleep.

During the day you may remove your polysling to carry out certain activities such as washing your face, washing under your armpit, eating, drinking and writing. You will be able to do some exercises with the polysling on but for others the polysling will need to be removed.

You should only remove your polysling for exercises and bathing. Please refer to the polysling management leaflet for further information. You can scan below QR code for a step by step video on how to apply your Polysling.



Washing and Dressing

DO NOT bath or shower for the first 2 weeks after your surgery. You will need to strip wash at the sink in your bathroom. This will keep the dressing and the wound dry and reduce the risk of infection.

It could be difficult for you to wash under your arms. A good way to do this would be to lean forward and let your arm hang towards the floor. This would allow you to wash under your arm without actively moving your arm at the shoulder.

You may require some assistance to wash your back. It is advisable to seek help from family or friends to do this.

Getting dressed might be easier with loose-fitting clothes.

Always lead with your operated arm followed by your non-operated arm. When undressing lead with your non-operated arm followed by your operated arm.

The Wound

The nursing staff will provide information on how to look after your wound.

It is important to keep the dressing in place and wound dry until it is well healed.

Should the dressing start to come away once you are home, please contact your GP or practice nurse so that the wound can be redressed to reduce the risk of infection.

Smoking Cessation

Evidence suggests that smoking can slow down fracture healing times. In extreme cases it can prevent the fracture healing. Giving up smoking during your rehabilitation will most likely aid the fracture healing process.

Occupational Therapy

Occupational therapy helps you live your best life at home, at work – and everywhere else. It is about being able to do the things you want and have to do.

That could mean helping you overcome challenges learning at school, going to work, playing sport or simply doing the dishes. Everything is focused on your wellbeing and your ability to participate in activities.

Exercises

Throughout your rehabilitation **always** be guided by your pain. It is important you adopt a sensible balance between activity and rest. Try to get to know your limitations.

Do not force your arm into positions of high resistance or significant pain.

You may experience increased discomfort when you first start doing the exercises and/or when introducing a new exercise or trying to progress an exercise. **Stop** if you do experience severe pain. As previously mentioned, the exercises are to help regain movement, strength and function in the joints and muscles.

It is important to remember that not all operations are the same and the rate of progress/improvement can vary from one person to the next. Rehabilitation can take between 6 to 12 months and in some cases longer.

The exercises should be done **slowly** and **smoothly**.

Start with **5** repetitions of each exercise and build up to **10** repetitions. If you find an exercise is easy to do go straight to **10** repetitions.

Repeat **3** times **a day** for the first **2 weeks** or until you are reviewed by the physiotherapist in an outpatient setting.



Postural Awareness/Exercises

Sitting or standing.

Keeping your chin back (make a “double chin”) while looking straight ahead.

Then move your shoulder blades gently back and down.

Hold position for 10 seconds.

Repeat 5 times.



Neck Exercises

Neck flexion

In sitting.

Keeping your chin tucked in, gently lower your head down to your chest and return.

Repeat 5 times.



Side flexion

In sitting.

Move your head slowly and gently from side to side.

Repeat 5 times.

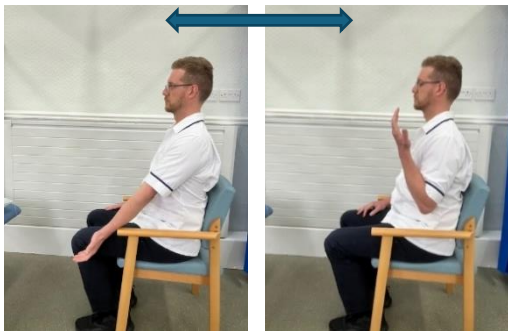


Rotation

In sitting.

Slowly and gently turn your head one way and then the other.

Repeat 5 times.



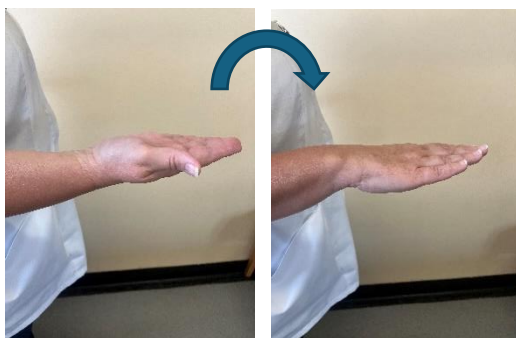
Elbow Exercises

Elbow flexion and extension

In sitting or standing, remove your polysling.

Bend and straighten your elbow as far as you can do comfortably.

Repeat 5 times.



Palm up, palm down

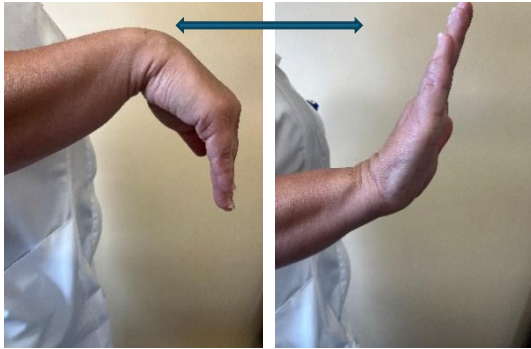
In sitting or standing.

You can do this exercise in the polysling if you prefer.

With the elbow bent 90 degrees and kept in at the side of your body, turn your palm up to

face the ceiling and then down to face the floor.

Repeat 5 times.



Wrist and hand exercises

You may keep your arm in the polysling for these exercises.

Wrist flexion and extension

In sitting, gently flex and extend the wrist.

Repeat 5 to 10 times.



Grip strengthening exercise

In sitting, make a full fist then stretch your thumb and fingers out wide.



Squeeze a bath sponge or sponge ball as hard as you can and then let go.

Repeat 5 to 10 times.



Shoulder Exercises

Assisted shoulder flexion

In sitting, with the good arm supporting the operated arm, gently lift both arms forwards and upwards away from the body.

Only move the arms to shoulder height and no further.

Return to starting position, repeat 5 times.



Shoulder flexion

Sitting at a table with a duster or a piece of cloth under your arm.

Slowly and gently slide your arms forwards as far as you can comfortably and then back.

Do not lean on the table or put weight through your arm.

Repeat 5 to 10 times.



Pendula Exercises

Standing with support of the kitchen counter, table or chair.

Remove your arm from the polysling and let it hang down loosely at the side of your body.

Lean forwards slightly and gently move your arm forwards and back.



And then move your arm in small circles.

Repeat each movement 10 to 20 times.



Active assisted shoulder flexion

Lying on bed.

Interlock your fingers.

Slowly and gently raise your arms up as far as is comfortable.

Go no further than shoulder height.

Slowly return to starting position, repeat 5 times.

Resuming normal activities

Timings for returning to functional activities are approximate and may vary depending on the individual. The earliest these activities may commence are:

- Driving: 4 weeks if you feel competent and safe to do so
- Lifting: heavy lifting should not commence for at least 3 months after the operation
- Swimming: breaststroke 6 to 8 weeks. Front crawl 3 months
- Golf: 3 months
- Contact sport: from 6 months (football, rugby, racquet sports, horse riding) following consultant guidance.

Note: These are guidelines only. Please ask your consultant or physiotherapist for individual advice.

After your operation you will be followed up in the physiotherapy outpatient department and any questions you have can be answered. If you are worried or have any concerns you can phone the physiotherapy department.

Phone between 8.30am and 4.30pm.

If no-one answers leave a message with your name, date of birth and telephone number and the reason you are calling. We will get back to you as soon as possible.

Contact details

Therapy department, Grantham Hospital, Manthorpe Road, Grantham, Lincolnshire
NG31 8DG. **Telephone: 01476 464253**

Therapy department, Pilgrim Hospital Boston, Sibsey Road, Boston, Lincolnshire
PE21 9QS. **Telephone: 01205 445494**

Therapy department, Lincoln County Hospital, Greetwell Road, Lincoln, Lincolnshire
LN2 5QY. **Telephone: 01522 573945**

Therapy department, County Hospital Louth, High Holme Road, Louth, Lincolnshire
LN11 0EU. **Telephone: 01507 631234**

Therapy department, Skegness Hospital, Dorothy Avenue, Skegness, Lincolnshire
PE25 2BS. **Telephone: 01754 613516**

You can contact your consultant via the hospital switchboard if required.

United Lincolnshire Teaching Hospitals NHS Trust endeavours to ensure that the information given here is accurate and impartial.

If you require this information in another language or alternative format, please email the Patient Information team at ulth.patient.information@nhs.net