

<u>Post-Operative Instructions</u> <u>Clavicle Fracture Open Reduction and Internal Fixation (ORIF)</u>

Day of Surgery

- **A.** Diet as tolerated.
- **B.** Icing is important for the first 5-7 days post-op. While the post-op dressing is in place, icing should be done continuously. Once the dressing is removed on the first or second day, ice is applied for 20-minute periods 3-4 times per day. Care must be taken with icing to avoid frostbite. Alternatively, Cryocuff or Game-ready ice cuff can be used as per instructions.

You will be contacted by East Coast Orthotics regarding an ice compression unit to be used after surgery. This helps with pain and swelling but typically is not covered by insurance. The cost is \$200-300 for a 2-week rental. Alternatively, ice gel packs with a shoulder or knee sleeve can be provided by the hospital for a minimal charge.

C. Pain medication as needed every 6 hours (refer to pain medication sheet)

First and Second Post-Operative Day

- A. Continue Icing.
- **B.** Pain medications as needed

Third Post-Operative Day

A. You may remove surgical bandage and shower this evening. Apply regular bandages to these wounds prior to showering and when showering is complete apply fresh regular bandages. You will need to follow this routine for 2 weeks after surgery.

Physical Therapy

A. Physical Therapy should begin at 6 weeks. Please call your preferred facility to make an appointment.

*Note: Your shoulder will be very swollen. It may take a week or longer for this to go away. It is also common to notice burning around the shoulder as the swelling resolves. If excessive bleeding occurs, please notify Dr. Jazrawi.

Call our office @ 646-501-7223 option 4, option 2 to confirm your first postoperative visit, which is usually about 1-2 weeks after surgery. If you are experiencing any problems, please call our office or contact us via the internet at www.newyorkortho.com.



Rehabilitation Protocol:

Clavicle Fracture Open Reduction and Internal Fixation (ORIF

Name: Diagnosis:		Date:	
		Date of Surgery:	
	POST OPERATIVE MANAGEMENT: Remain in arm sling for first 6 weeks post-op Do not elevate surgical arm above 90° in any plane for first 4 weeks post-op Do not lift any objects over 5 pounds with the surgical arm for first 6 weeks post-op Avoid repeated reaching for the first 6 weeks Cryotherapy (ice machine, ice bags) 3-5 times/day for swelling, inflammation, and pain control Maintain good upright shoulder girdle posture at all times and during sling use		
	 <u>Week 1:</u> Pendulum swings squeeze ball triceps with Thera band isometric rotator cuff external and internal rotations with arm at side isometric shoulder abduction, adduction, extension and flexion with arm at side. Soft-tissue treatments for associated shoulder and neck musculature for comfort. Cardiovascular training such as stationary bike throughout rehabilitation period. 		
	 Weeks 2 - 6: Soft-tissue treatments for associated shoulder and Gentle pulley for shoulder ROM 2x/day. Elbow pivots PNF, wrist PNF. Isometric scapular PNF, mid-range. Strive for progressive gains to active 90 degrees 	d neck musculature for comfort. of shoulder flexion and abduction (though not beyond 90 degrees).	
	 Weeks 6 - 8: Start mid-range of motion rotator cuff external at Active and light resistance exercises (through 75 and avoiding extreme end ROM. 	nd internal rotations % of ROM as patient's symptoms permit) without shoulder elevation	
	 <u>Weeks 8 - 12:</u> Full shoulder Active ROM in all planes. 	rell as glenohumeral and scapulothoracic joints for ROM. ntil 3 months.	
	 <u>Weeks 12+:</u> Start a more aggressive strengthening program a: Increase the intensity of strength and functional t Return to specific sports is determined by the physical strength and strength as strengt		
Сот	mments:		

Duration: _____ weeks

Date:_____

Frequency: _____ times per week