Patient information

East Sussex Healthcare NHS Trust

Clavicle (Collar bone) Fracture (undisplaced)

Fracture Care Team: Shared Care Plan

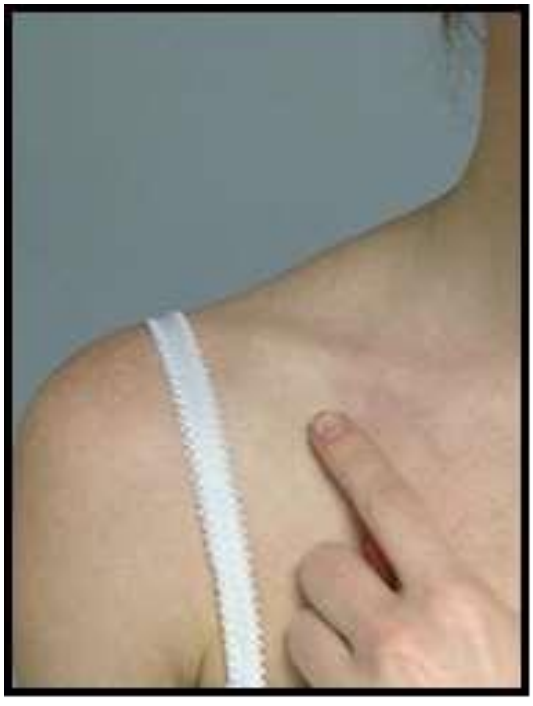
Trust Switchboard for both sites: 0300 131 4500
Fracture clinic and orthopaedic outpatient appointments:
Eastbourne 0300 131 4788
Conquest 0300 131 4861

This information leaflet explains the ongoing management of your injury.

You have sustained a fracture to your clavicle (collar bone). This normally takes between 612 weeks to heal. You may use the arm in the meantime as explained in the protocol and indeed it is important to keep the shoulder moving to prevent stiffness but not to aggravate it. Please keep the sling provided on for the first two weeks to allow the soft tissues to settle. Follow the management plan outlined below.

Take pain killers as prescribed. You may find it more comfortable to sleep propped up with pillows. If you are worried that you are unable to follow this rehabilitation plan, or have any questions, then please phone the Fracture Care Team for advice.

Picture of injury



If you are experiencing pain or symptoms, other than at the site of the original injury or surrounding area, please get in touch using the details provided above.

You have been referred to be seen in fracture clinic 3 weeks post injury. During this consultation you may have another x-ray to evaluate the position of the clavicle and guide further management. The Specialist will talk you through the next stage of your rehabilitation.

If you have not received this appointment within two weeks please contact the Fracture Care Team on the details provided above.

Please follow the Management / Rehabilitation plan shown below –

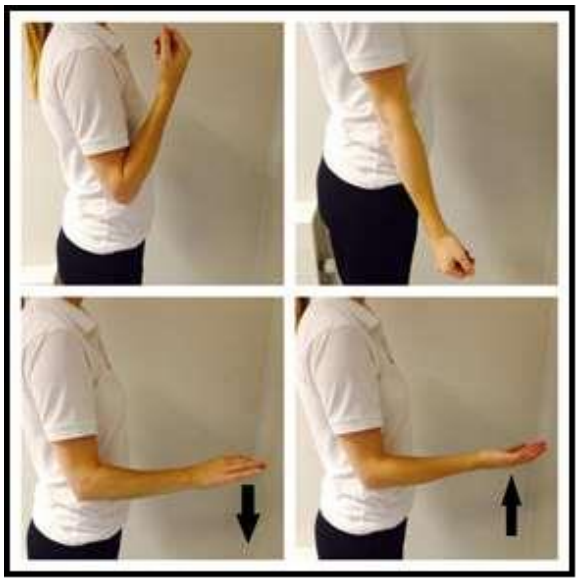
Weeks since injury	Rehabilitation plan
0 - 2	Wear the sling during the day except for exercises and personal hygiene. It is your choice if you wish to wear it at night. Start the Initial exercises. Do not lift your elbow above shoulder height as this may be painful.
3 - 6	If you have been advised to do so at your follow-up clinic, you may start to discard the sling and begin normal light activities with your arm and shoulder. Increase movement as shown in the Stage 2 exercises. You should avoid heavy lifting for the full 6 weeks.
6 - 12	The fracture should be largely united (healed) and you can resume normal activity but be governed by any pain you are experiencing. If it is comfortable to do so, you may progress to the Stage 3 exercises below. You should be able to carry out day to day activities although arduous tasks may cause discomfort. Start to lift your arm over-head.
12	**If you are still experiencing significant pain and stiffness then please contact us for further consultation**

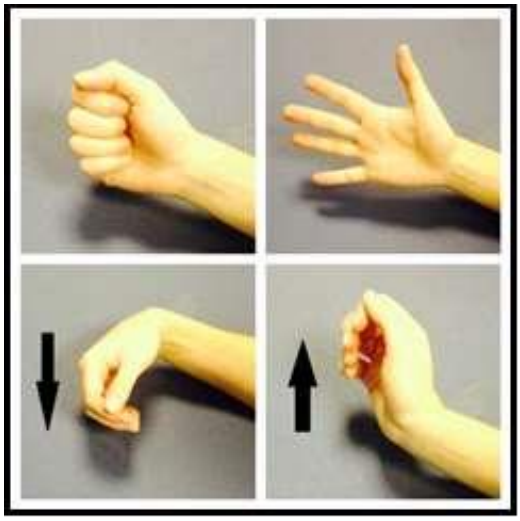
Smoking cessation

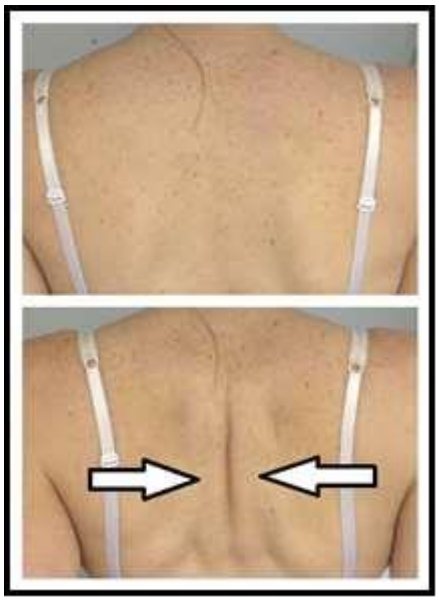
Medical evidence suggests that smoking prolongs fracture healing time. In extreme cases it can stop healing altogether. It is important that you consider this information with relation to your recent injury. Stopping smoking during the healing phase of your fracture will help ensure optimal recovery from this injury.

For advice on smoking cessation and local support available, please refer to the following website: http://smokefree.nhs.uk or discuss this with your GP.

Initial Exercises to do 4-5 times a day







If you have stiffness in your elbow or hand from wearing the sling, you may wish to perform these exercises first. However, once they become easy you can start with the posture and pendulum exercises.

Elbow Bend to Straighten

Bend and straighten your elbow so you feel a mild to moderate stretch. You can use your other arm to assist if necessary. Do not push into pain.

Forearm Rotations

Put your elbow at your side. Bend it to 90 degrees. Slowly rotate your palm up and down until you feel a mild to moderate stretch. You can use your other arm to assist if necessary. Do not push into pain.

Repeat 10-15 times provided there is no increase in symptoms.

Finger and wrist flexion and extension

Open and close your hand as shown 10-15 times. Then move your wrist up and down 10-15 times.

After a few days, hold a soft ball/ball of socks. Squeeze the ball as hard as possible without pain. Hold for 5 seconds and repeat 10 times.

sling on.

Postural awareness

Bring your shoulders back and squeeze your shoulder blades together as shown in the picture. Do this with or without your

Hold the position for 20-30 seconds and repeat 5 times provided there is no increase in symptoms.

Shoulder pendular exercises

Stand and lean forward supporting your injured arm with your other hand as shown in the picture. Try to relax your injured arm.

1. Assist your arm slowly and gently forwards and backwards.
2. Assist your arm slowly and gently side to side.

Continue for approximately 1-2 minutes in total provided there is no increase in symptoms. Remember to try and relax your arm.

Stage 2 exercises to do 4-5 times a day - To start at 3 weeks after injury

Active assisted Shoulder flexion

Use your other hand to lift your arm up in front of you as shown in the pictures. Repeat 10 times provided there is no increase in symptoms.

Active assisted External rotation

Keep the elbow of your injured arm tucked into your side and your elbow bent. Hold onto a stick/umbrella/golf club or similar. Use your unaffected arm to push the hand on your injured arm outwards. Remember to keep your elbow tucked in. Push until you feel a stretch.

If you don't have a stick you could simply hold the injured arm at the wrist and guide it outwards.

Hold for 5 seconds then return to the starting position. Repeat 10 times provided there is no increase in symptoms.

Stage 3 exercises to do 4-5 times a day - To start at 6 weeks after injury

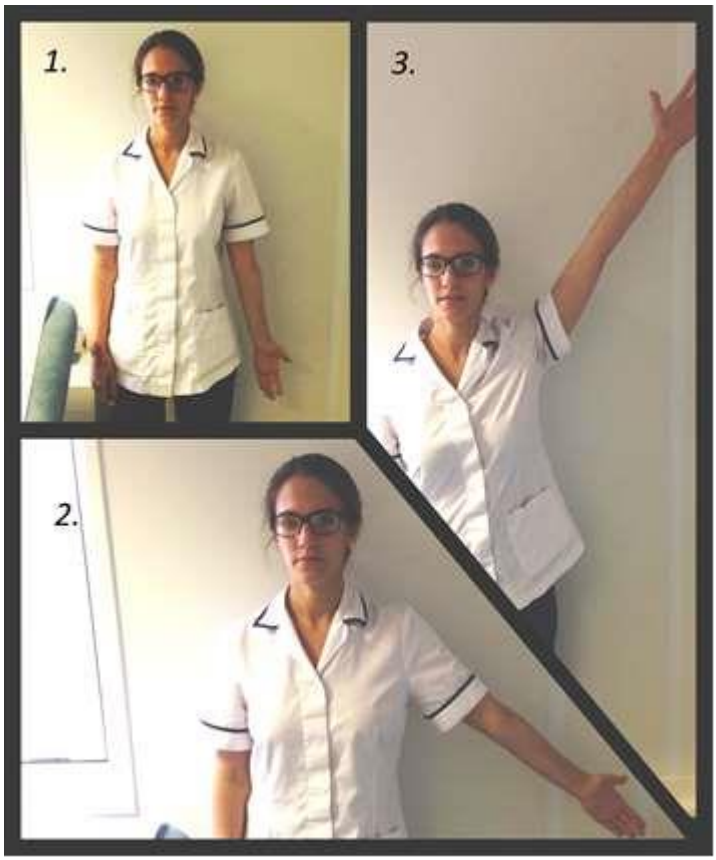
When you have regained full range of movement during the above exercises without pain you can start to do the exercises without the support of your other hand; this is known as active range of movement. Then when you have regained your full range of movement without the support of the other arm you can start to build up your regular activities.

Active Forward flexion:

With your thumb facing up, try to move your arm up, keeping it close beside your body.

Active Abduction

With your thumb facing up and outwards, try to move your arm in a big arc out to the side.



Active External rotation

With your elbow by your side, rotate your forearm outwards, keeping your elbow at about 90 degrees in flexion.

Repeat all of these 3 exercises 10 times each, 4-5 times a day. Only go as far as you can naturally, without doing any trick movements to try and get further. This will increase over time and should not be forced.

If you are having problems progressing with the exercises and have a follow-up consultation booked, please do let the clinician know so that they can review the exercises and refer you on to Physiotherapy if necessary. If you are on an independent management programme, then please contact us using the number at the top of the letter so that we can also arrange physiotherapy for you.

Sources of information

This information leaflet has been developed by the Fracture Care Team at Brighton and Sussex University Hospitals Fracture Care Team and adapted for use at East Sussex Healthcare NHS Trust. Information updated during the COVID-19 pandemic to ensure that patients with injuries have information, support and care despite social distancing.

Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4500 Ext: 734731 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4500 Email: esh-tr.AccessibleInformation@nhs.net
After reading this information are there any questions you would like to ask? Please list below and ask your nurse, practitioner or doctor.

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Reference

The following clinicians have been consulted and agreed this patient information:
Dr Danielle Vidler – Consultant and Clinical lead Emergency Department CQ
Mr Utham Shanker – Consultant and Clinical lead Emergency Department EDGH

The directorate group that has agreed this patient information leaflet:
URGENT CARE

Next review date: December 2027
Responsible clinician/author: Emergency Department Consultants