

Post-operative rehabilitation protocol

Clavicle fracture fixation (ORIF)

Plate fixation of the collarbone. For patients, physiotherapists, and GPs.

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The plan at a glance

The plate holds the bone while it heals. Early movement keeps the shoulder supple. Loading waits for the bone.

	Phase 1 Weeks 0 to 2	Phase 2 Weeks 2 to 6	Phase 3 Weeks 6 to 12	Phase 4 After 12 weeks
Sling	On for comfort, off for exercises	Wean off by weeks 4-5	None	None
Movement	Assisted, below shoulder height	Active, building to full range	Full range	Full range
Load	A cup of tea, no more	Up to 1 kg, no resistance work	Progressive strengthening, up to 5 kg	Unrestricted once the bone has united
Review	Wound check and X-ray at 2 weeks	Clinic and X-ray at 6 weeks	Clinic and X-ray at 12 weeks	Discharge when united

Darker shading means tighter restriction. Times are guides. Your surgeon's instructions take precedence where they differ.

Seek advice urgently if

- The wound becomes red, hot, or swollen, or it leaks or opens.
- You have a fever or feel unwell.
- Pain suddenly increases, or a new lump, click, or change in shape appears over the collarbone, especially after a fall.
- New numbness, tingling, or weakness develops in the arm or hand.
- The hand becomes cold, pale, or blue.

Call 999 or go to the Emergency Department for shortness of breath or chest pain.

For anything else on this list, contact your surgical team the same day. Out of hours, call NHS 111.

Phase 1

Protect: weeks 0 to 2

Aims: control pain, protect the wound, keep the hand, elbow, and shoulder moving gently.

Do

- Wear the sling for comfort, day and night. Take it off to wash, dress, and exercise.
- Move the fingers, wrist, and elbow fully, several times a day.
- Keep the neck moving and the shoulder blades set back. Do not slouch into the sling.
- Start pendulum exercises from day one.
- Start assisted shoulder movement, using the other hand or a stick, to shoulder height (90°) and within comfort.
- Use the hand for light tasks at waist level: eating, typing, dressing.
- Sleep propped up on pillows, with a pillow under the arm.
- Take pain relief regularly as prescribed. Ice over the dressing, wrapped in a cloth, for 15 to 20 minutes helps.
- Keep the dressing dry and in place until the wound check at 10 to 14 days.

Avoid

- Lifting anything heavier than a cup of tea.
- Lifting the arm above shoulder height.
- Pushing up from a chair or bed with the operated arm.
- Lying on the operated side.
- Soaking the wound in a bath.
- Driving.

Expected in this phase

Bruising over the chest and upper arm is normal. A patch of numbness below the scar is common. Small skin nerves cross the collarbone and are stretched or divided at surgery. The patch usually shrinks over months.

Phase 2

Move: weeks 2 to 6

Aims: come out of the sling, regain full active movement, return to light daily tasks.

Do

- Wean out of the sling over a few days. Discard it by three to four weeks.
- Progress from assisted to active movement in all directions, as comfort allows.
- Work towards full range by six weeks.
- Continue shoulder blade control and posture work.
- Add gentle, pain-free static (isometric) rotator cuff and deltoid exercises from week four.
- Massage the scar once the wound has fully healed.
- Keep fit: walking and a static bike are safe.

Avoid

- Lifting more than 1 kg (a bag of sugar).
- Resistance exercise: bands, weights, machines.
- Taking body weight through the arm: press-ups, pushing up from a chair, crutches.
- Any activity with a risk of falling.
- Forcing movement into pain.

Move on to Phase 3 when

The six-week X-ray shows the fixation is unchanged and the bone is healing, the fracture site is not tender, and active movement is near full.

Phase 3

Strengthen: weeks 6 to 12

Aims: restore strength and control, return to normal daily activity and non-contact exercise.

Do

- Complete any remaining range with stretches.
- Start resistance work with bands, then light weights. Build load gradually.
- Strengthen the rotator cuff, deltoid, and the muscles that control the shoulder blade.
- Introduce weight through the arm in stages: wall press, then incline press, then floor work from week ten.
- Start running from week six and breaststroke from week eight.
- Return to light manual work as strength allows.

Avoid

- Lifting more than 5 kg, or heavy overhead lifting.
- Contact and collision sport.
- Road cycling, mountain biking, skiing, and horse riding.
- Heavy manual work.

Move on to Phase 4 when

The 12-week X-ray shows the bone has united, movement is full and pain-free, and strength is close to the other side.

Phase 4

Return: after 12 weeks

Aims: full work, full sport, no restrictions.

- Progress to heavy and overhead strength work.
- Add sport-specific drills, then plyometric and impact work.
- Return to contact sport in stages: non-contact training, then contact training, then match play.
- Return to heavy manual work.

The plate

The plate usually stays in for life. It can be removed if it causes trouble, but not before 12 to 18 months after surgery.

Return to activity

Typical times from surgery. Each depends on comfort, movement, and bone healing.

Activity	From	Condition
Desk work	1 to 2 weeks	When pain is controlled
Static bike, walking	2 weeks	Wound healed
Driving	4 to 6 weeks	Out of the sling, able to control the wheel and make an emergency stop. Tell your insurer.
Running	6 weeks	Satisfactory six-week X-ray
Light gym resistance	6 weeks	Satisfactory six-week X-ray
Light manual work	6 to 8 weeks	Within the 5 kg limit
Swimming, breaststroke	8 weeks	Comfortable active range
Golf	8 to 12 weeks	Putting and chipping first
Racket sports	10 to 12 weeks	Full range and good strength
Swimming, front crawl	12 weeks	Full range and good strength
Heavy manual work	12 weeks	Union on X-ray
Road cycling	12 weeks	Union on X-ray
Contact and collision sport	12 to 16 weeks	Union on X-ray and staged return
Mountain biking, skiing, horse riding	16 weeks	Union on X-ray

When to slow the protocol

Some fractures and fixations need more time. Your surgeon will tell you if any of these apply.

- **Hook plate.** No movement above shoulder height (90°) while the plate is in place. The hook plate is removed at around three to four months.
- **Fracture at the outer end of the collarbone.** Keep movement below shoulder height for six weeks.
- **Fragmented fracture, weak bone, or fixation for non-union with bone graft.** Extend each phase by two to four weeks, guided by X-ray.
- **Smoking and diabetes.** Both slow bone healing. Stop smoking and vaping nicotine. Keep blood sugar well controlled.
- **Leg injury needing crutches or a frame.** Weight through the operated arm needs your surgeon's specific approval.

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This protocol is general guidance for uncomplicated plate fixation of a clavicle fracture. It is not a substitute for individual medical advice. Instructions from your own surgeon and physiotherapist take precedence.

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