



ORTHOPEDIC PARTNERS

EST. 1957

Kenneth Paonessa, M.D.
Michael Halperin, M.D.
Gabriel Abella, M.D.
Mohammad Pasha, M.D.
Tarik Kardestuncer, M.D.
Ammar Anbari, M.D.
Nicole Arcand, M.D.
Scott Stanat, M.D.
R. Justin Thoms, M.D.

Steven Wei, M.D.
Jonathan Piposar, M.D.
Emily Vafek, M.D.
Nimit Patel, M.D.
Peter Wagner, M.D.
Oksana Zhivotenko, D.O.
Daniel George, M.D.
Biren Chokshi, M.D.

Erik Frazier, MHA, CEO

Jonathan R. Piposar, MD

ORIF CLAVICLE

Post-Operative Instructions

Pain Control and Ice

- A pain medication prescription will be provided prior to discharge.
- You may take the prescribed medication as directed.
- You should expect to experience minimal to moderate shoulder discomfort for several days and even weeks following the surgery.
- Patients often only need prescription narcotics for a few days following the surgery and then can switch to over-the-counter medications such as Tylenol, Advil, or Ibuprofen.
 - 1) While taking narcotic medication, you may become constipated. If this occurs then you should take a stool softener (Ex: Colace, Senna) which can be purchased over the counter.
- Ice bags should be utilized to decrease swelling and pain. Ice should be applied to the shoulder up to three times a day for 20 minute periods until swelling subsides

Wound Care

- If there is bleeding through the bandage, reinforce it with additional dressings for the first 48 hours.
- After 48 hours, remove the bandage. If the incisions are dry (no active bleeding) then you may leave the shoulder uncovered without a dressing. If the shoulder is still bleeding, place new sterile dressings over the incisions and change after an additional 24 hours
- Showering is acceptable after 48 hours. You may get the wounds wet but do NOT scrub the incision sites.
- No swimming or tub bathing until cleared by Dr. Piposar at your first post-operative appointment

Rehabilitation/ General Post-Op Care

- Your sling is for comfort. You may remove it to shower, bathe, and perform your elbow, wrist, and hand exercises. You may discontinue its use when you feel comfortable.
- Physical therapy will start after your first post-operative visit
 - 1) Please begin the exercises attached to this sheet on your first post-operative day
- Your first post-op appointment is 10-14 days following surgery. This is usually scheduled at your pre-operative visit. If not, then please call the office to schedule
- You may drive once you establish control of your operative extremity. You may not drive under the influence of pain medication.
- Plan at least 2-3 days away from work or school. Utilize this time to decrease swelling and participate in your home exercise program. You may be able to resume work once the pain and swelling resolves (this varies based on job activity).

Important Notes

- Peri-incisional numbness should be expected after any skin incision and last for several months to even longer
- Call office for Temperature >102 degrees, excessive swelling, pain or redness around the incision sites.

860-889-7345

860-963-2133

82 New Park Avenue
North Franklin, CT 06254

11 Industrial Park Road
Niantic, CT 06357

35 Kennedy Drive
Putnam, CT 06260

5 Founder Street
Willimantic, CT 06226

EARLY POST-OPERATIVE HOME EXERCISES

Start the following exercises as soon as you are able. You may feel uncomfortable at first, but these exercises will speed your recovery and actually diminish your post-operative pain.

Repetitions per set: 20

Sets of each exercise: 3

Sets per day: 3

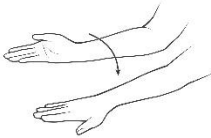
- Open and close your hand.



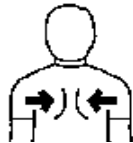
- Bend your elbow and wrist up and down.



- Turn your palm up and down in a motion similar to turning the pages of a book.



- Pinch your shoulder blades together and hold.



Jonathan R. Piposar, MD

ORIF CLAVICLE Physical Therapy Protocol

Phase 1 (Weeks 0-2):

Goals: Minimize effusion, decrease shoulder pain, utilize sling, and participate in home exercise program

Treatment plan:

- 1) Swelling control with ice
- 2) Maintain arm in sling to encourage healing
- 3) Elbow and wrist motion

Phase 2 (Weeks 2-6):

Goals: Minimize effusion, decrease shoulder pain, full shoulder range of motion, discontinue sling when comfortable

Treatment plan:

- 1) Active assisted ROM, and passive stretching
- 2) Swelling control with ice, modalities
- 3) Scapulothoracic strengthening
- 4) Active elbow, wrist and hand exercises

Phase 3 (Weeks 6-12):

Goals: Full shoulder ROM, progressive strengthening, sport or work specific training

Treatment plan:

- 1) Continue with swelling and pain control
- 2) Rotator cuff strengthening program with theraband, progress to light weights
- 3) Rotator cuff/shoulder PRE
- 4) Aerobic/sport or work specific training