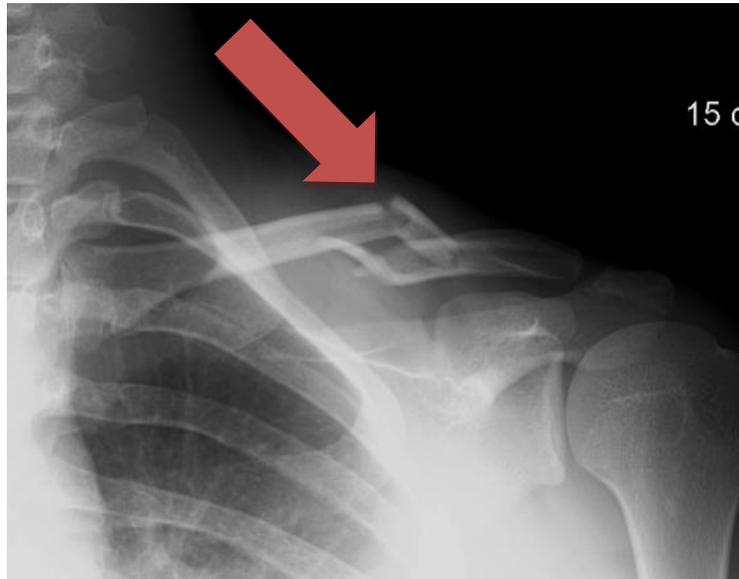


Mid-Shaft Clavicle Fracture

A mid-shaft clavicle fracture is a break that occurs in the middle third of the clavicle (collarbone). This is the most common location for clavicle fractures.



X-ray of mid-shaft clavicle fracture

Frequent Signs and Symptoms

- Deformity or bump if the fracture is complete and the bone fragments separate enough to distort the normal appearance of the top of the shoulder
- Pain, tenderness, and swelling at the fracture site
- Bruising at the site of injury
- Loss of strength or pain when attempting to use the affected arm
- Numbness or coldness in the shoulder and arm on the affected side if the blood supply is impaired or nerves are injured (rare)
- Shortness of breath or difficulty breathing (rare)

Etiology (Causes)

- Usually, impact or falling on the shoulder
- A direct blow to the clavicle
- Less commonly, an indirect stress, such as falling on an outstretched hand or on the elbow



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Risk Factors

- Sports that involve contact or collision, such as football, soccer, hockey, and rugby
- Sports with high risk of falling on shoulder, such as rodeo riding, mountain bike riding, or cycling
- Inadequate protective equipment
- History of bone or joint disease, especially osteoporosis

Prevention

- Maintain appropriate conditioning, particularly neck, shoulder, and arm muscle strength, endurance, and flexibility
- Ensure proper protective equipment fit (such as shoulder pads)
- Use proper technique with activities, and have a coach or medical professional correct improper technique

Outcomes

Most mid-shaft clavicle fractures heal on their own without complications over six to 12 weeks. Children typically heal faster than adults. Fractures with significant displacement (greater than 2 cm) have a higher risk for not healing or healing with deformity that may result in shoulder limitations. Significantly displaced and open (when the bone breaks through the skin) fractures require surgery to restore the proper bony alignment of the clavicle and promote healing. Patient lifestyle factors, such as smoking, can prevent normal healing.



X-ray for clavicle fracture



Post-operative X-ray



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Potential Complications

- Pressure on or injury to nearby nerves, ligaments, tendons, muscles, blood vessels, or other tissues
- Weakness and fatigue of the arm or shoulder
- Delayed healing of the fracture can occur due to the naturally poor blood supply to the clavicle
- Nonunion (non-healing) of the fracture
- Prolonged healing time, nonunion or re-fracture if usual activities are resumed too early.
- Excessive bone and scar tissue formation at the fracture site, can cause compression of nerves and blood vessels under the clavicle, leading to pain, numbness, and tingling in the neck, shoulder, arms, and hands
- Infection after surgery. Open fractures (when the bone breaks through the skin at the time of injury) have a higher rate of infection
- Malunion (when the fractured clavicle heals in a crooked and/or shortened position) of the fracture can result in shoulder pain and limitations
- Persistent bump or prominence at the fracture site
- Increased chance of repeat clavicle fracture
- Hardware pain

General Treatment Considerations

For minimally displaced clavicle fractures, initial treatment consists of ice, compressive dressing, and over-the-counter medication to relieve pain and reduce swelling. An arm sling is usually recommended. Patients should avoid risky activities (including excessive arm movement, smoking, etc.) until the fracture is healed, usually at least six or more weeks. Pain will subside after two to four weeks as the fracture begins to heal and the patient will be able to begin to use the arm more comfortably for activities of daily living that do not involve overhead motion.

For significantly displaced fractures, open fractures, or fractures associated with neurovascular or other multiple extremity injuries, surgery is recommended. Surgery can stabilize the fracture in proper position to allow bone healing and mobilization of the patient. Surgery consists of repositioning the fracture fragments and holding them in place with plates, screws, wires, sutures, or pins. After fracture healing, these fixation devices may be removed if needed.



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Exercises to regain shoulder motion and strength lost as a result of the injury and healing process are necessary before returning to sports and activities. These exercises may be done on your own, or you may be referred to a physical therapist or athletic trainer for further evaluation and treatment. Return to sports requires healing of the bone and usually takes three to four months depending on age of patient and severity of fracture

Possible Medications

- Your physician may prescribe pain relievers as necessary. Use only as directed.

Modalities (Cold Therapy)

Cold is used to relieve pain and reduce inflammation. Cold should be applied for 10 to 15 minutes every two to three hours for inflammation and pain and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage with a cloth between the ice and your skin to prevent burning /freezing your skin.

Notify My Office If Symptoms Worsen



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