



Clavicle Fracture

What is a clavicle fracture?

A clavicle fracture is a broken collar bone (a main bone in the shoulder), and is a common injury in children.

This injury occurs most often with what we call a FOOSH (fall onto an out-stretched hand). FOOSH injuries can happen from falls off scooters, skates or monkey bars, as well as direct hits in sports like football, hockey or lacrosse.

How is this injury treated?

We will usually have your child wear a sling. We will not use a cast, as your child would have to wear a cast on their entire chest and shoulder in order to keep the clavicle bone from moving.

The sling is mainly for your child's comfort. They can probably stop wearing it full time in two weeks when the pain has improved.

Your child probably will not need to have the bone set, even if their fracture has been displaced (moved) and the bone looks bent. The body can heal this bone very well on its own, and some bending and movement with this injury is generally OK. In some special cases, surgery may be considered.

Will my child be in pain?

Soreness is usually at its worst in the first few days through the first week. Pain from soreness can be treated with acetaminophen (Tylenol®) or ibuprofen (Advil®) as needed. **Always talk with your provider about allergies your child may have before giving over-the-counter medication.**

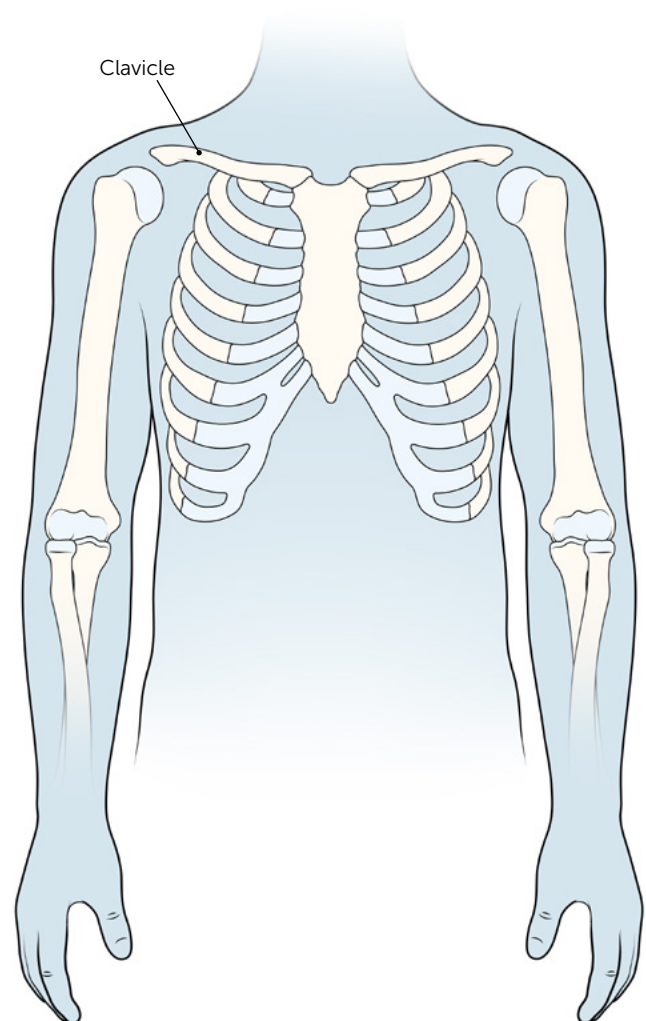
You can help with swelling and pain by regularly icing your child's injury, which may help swelling go down. A bag of frozen peas or a plastic bag with ice works very well. Be careful with chemical ice packs, they can get very cold quickly and cause frostbite if not used correctly. The chemicals inside the packs can also be harmful if the pack breaks.

Can my child be active?

It is OK for your child to move their arm when it feels comfortable, but your child should not do any heavy lifting or bear weight (like doing a push-up) with the injured arm.

A second fall or injury could slow healing or result in a refracture or a potential need for surgery. They should not participate in activities where there is a risk of falling or getting a direct hit to the shoulder. This includes activities like:

- playing on playground structures (i.e. jungle gyms or swing sets)
- contact sports like basketball, hockey or soccer
- horseback riding, ice skating or skiing



How long will my child be out of sports?

We will assess your child and make recommendations based on how the fracture looks and the potential injury risks of the sport your child plays.

Your child probably will not play contact sports for three to six months. There is a risk of the bone breaking again before it is fully healed. Sports like hockey and football are especially risky. We will have a thoughtful conversation with you about returning to sports safely.

Will my child need physical therapy or treatments after bracing or casting?

Your child probably will not need physical therapy and should get back to full strength and movement on their own over time without a need for formal exercises.

When should I follow up?

We will likely have you follow up in one week, two weeks, six weeks and 12 weeks. Your child will have an x-ray at the first follow-up visit to see if the fracture has moved, and may have a second x-ray check in another week. When we feel the fracture is not likely to move, your child will come back again in three to four weeks for a new x-ray to assess how the injury is healing.

When should I contact the office?

Call us if your child has:

- pain that increases quickly and without warning
- swelling with no new fall or injury
- a deep cut over the fracture or if it looks like the bone is about to poke out
- new redness and warmth around the area with new fevers, chills or nausea (feeling sick)
- pain that does not get better after taking acetaminophen (Tylenol®) or ibuprofen (Advil®)
- numbness and inability to wiggle fingers

These could be signs of a different problem, and we may direct you to take your child to our clinic or the emergency department.

Notes
