

Fractures Of The Clavicle



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INTRODUCTION

- A fall on the **shoulder** or the **outstretched** hand may fracture the clavicle; the lateral fragment is pulled down by the weight of the arm, while the medial fragment is held up by the sternomastoid muscle.
- Fracture is usually in the middle 1/3rd of the bone.
- In children- occurs as green stick fracture.



SPECIAL FEATURES

- The fracture is almost always displaced, producing a lump along the 'collar-bone'.
- Fractures of the outer third are easily mistaken for acromioclavicular injuries.
- Vascular and neurological complications are rare.



CLINICAL FEATURES

Lump

Pain

**Restricted
abduction**

**Vascular
complications
(rare)**



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IMAGING

- **X-rays** show that the fracture is usually in the middle third of the bone and the lateral fragment lies below the medial. Outer-third injuries need special views to define any fracture.
- A **computed tomography (CT)** scan is occasionally needed to define the fracture configuration and to exclude a sternoclavicular dislocation.



TREATMENT

- For the usual **middle-third fracture**, accurate closed reduction is neither possible nor essential.
- In most cases all that is needed is to **support the arm** in a **sling** until the pain subsides (usually 1–3 weeks).
- Thereafter, active shoulder exercises should be encouraged; this is particularly important in older patients.
- By contrast, **outer-third fractures** are quite troublesome and may **need open reduction** and **internal fixation**.



TREATMENT

**Support
arm in a
sling for
2-3 weeks**

**Active
exercise
after 3
weeks**



COMPLICATIONS

- **Malunion** is inevitable in displaced fractures; in children the bone is soon re-modelled, but in adults the slight deformity has to be accepted unless there is a very unsightly bump with skin irritation.
- **Non-union** sometimes occurs in middle-third fractures and is treated by bone graft and plating.

