

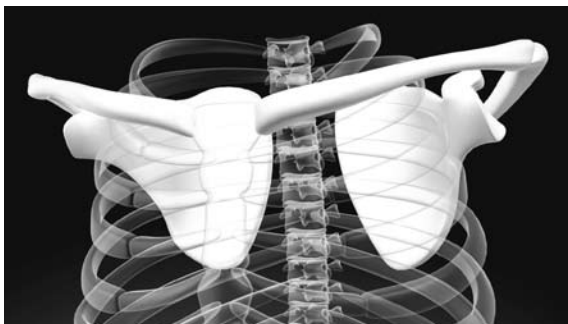
# Handling Broken Collarbones

The collarbone, also called the clavicle, is the bone over the top of the chest, between the breastbone (sternum) and shoulder blade (scapula). Unlike other bones which are covered with muscle, only skin covers a large part of collarbones. Clavicle fractures are common. The most common mechanism of injury is falling on the tip of the shoulder or a direct blow to the front of the shoulder. Additionally, a fall on the outstretched arm may result in a clavicle fracture. In babies, clavicle fractures sometimes occur at birth during passage through the birth canal.

Broken collarbones are common in children and adolescents, because the clavicle does not completely develop and harden until the late teens. They are also common in athletes. Clavicle fractures account for approximately five percent of all fracture types. The incidence of clavicle fractures seems to be increasing, possibly due to more participation in contact sports and/or increasing numbers of motor vehicle accidents.

Symptoms of broken collarbones often include shoulder pain and difficulty moving the arm. Swelling and bruising around the broken bone are also quite common. After swelling has subsided, the fracture is often easily felt through the skin. An X-ray will show the fracture.

It is unusual for a clavicle fracture to require surgery.



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Surgery is required in some situations when either the fracture is open (laceration of the skin) or if the fracture is severely displaced or shortened. Recent advances in orthopedic implants have improved surgical results and may allow more rapid return to activities. Most often an attempt at treatment in a sling is made to rest the affected extremity. There are several types of slings available. One commonly used is called a "figure-of-eight" splint. This brace wraps around the shoulders to keep them back-like a soldier standing at attention. Rehabilitation begins immediately after the injury. Early rehab focuses on pain reduction, swelling reduction, range of

motion exercises, and gentle strengthening. All of the rehabilitation exercises should follow the adage "use pain as your guide."

Pain usually subsides within a few weeks. Often patients are back to full activities before 12 weeks, especially with younger patients. Patients may notice a persistent bump where the fracture was (often for months or longer), but this should not be bothersome. Athletes who suffer clavicle fractures will return to full athletic participation with few, if any, problems. As a general guide to return to activities, nothing should cause worsening pain. If not wearing a sling causes pain, wear a sling. If driving hurts the fracture site, don't drive. If throwing a ball hurts, don't throw. Once an activity doesn't cause significant pain, a gradual return to it can be attempted.

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