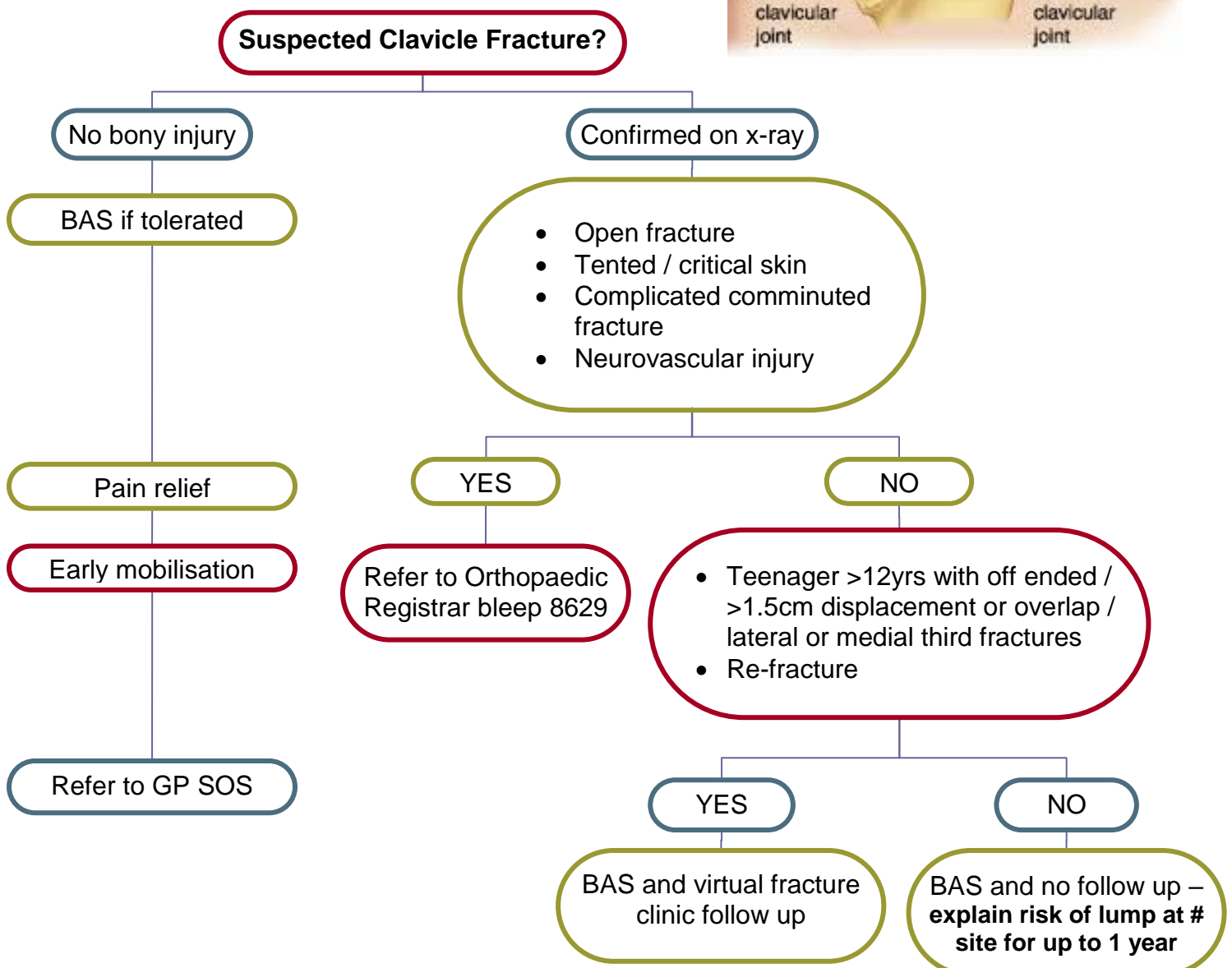
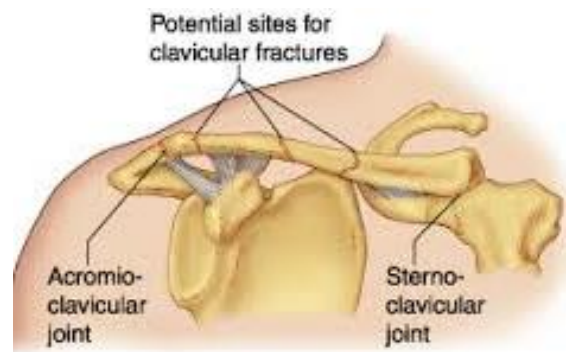


Clavicle Fracture

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Background

- Most common long bone fracture in children.
- Usually result from a fall onto shoulder tip or an outstretched hand
- Mid-shaft fractures account for nearly 90%
- Green stick fractures are most common
- Injury can occur at birth but may not present for a few weeks - often when callus appears.



Assessment

Only after adequate analgesia

Use a LOOK, FEEL, MOVE approach

Toddlers may only have mild symptoms, e.g. crying when picked up under arms, so it is not uncommon to have a delay in presentation.

Child keeps arm protected

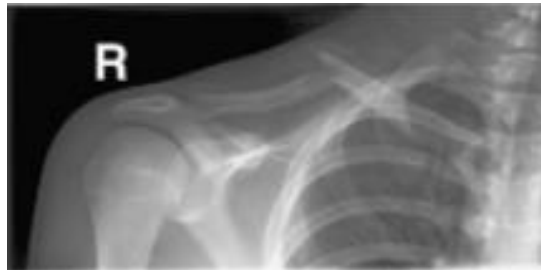
Sagging shoulder (down and forward)

Tension over sternocleidomastoid muscle tilts head towards affected side and rotates chin to opposite side

Swelling / deformity / bruising at fracture site

Tenderness / crepitus over fracture site

Pain on abduction of the arm



Distal extremity should be evaluated: Pulses, sensation, motor function, deep tendon reflexes

Management

1. Simple analgesia e.g. Paracetamol +/- Ibuprofen
2. Broad arm sling (BAS) if tolerated
3. X-ray whole clavicle with AC and SC joints.

Confirmed fractures should be treated with a BAS if tolerated.

- Additional support may be obtained by wearing the sling under the clothes.

No further treatment is needed in greenstick or undisplaced fractures.

Give information leaflet to family. Explain likelihood of visible and palpable lump at fracture site for up to a year

- Nearly all clavicle fractures in children heal uneventfully with minimal or no treatment.
- Suggest regular analgesia
- Contact sports and activities should be restricted for 8-10 weeks

