

Clavicle fractures

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Diaphyseal fractures of the middle third of the clavicle have traditionally been treated non-operatively with a broad arm sling for comfort and social protection, followed by increasing use of the arm. Most mid-third fractures of the clavicle will unite with non-operative treatment. There is, however, a subset of clavicle may be slow to heal and that do impact on shoul - fractures that der girdle function. Displaced, comminuted fractures show a propensity to be slow to heal and increasing age and female gender further negatively impact on fracture healing. It has been shown that 2 /uni00A0 cm of shortening of the clavicle impacts on tigability when shoulder girdle function, with weakness and fa working above shoulder height. Internal fixation with an intramedullary device or plate and screw construct can restore length, alignment and rota - functional tion. This can improve the speed and amount of restoration, but carries all the risks of surgical treatment. Treatment is individualised to patient needs and expectations. - Clavicle fractures

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