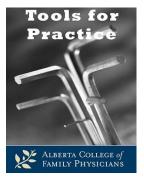
Tools for Practice is proudly sponsored by the Alberta College of Family Physicians (ACFP). ACFP is a provincial, professional voluntary organization, representing more than 4,800 family physicians, family medicine residents, and medical students in Alberta. Established over sixty years ago, the ACFP strives for excellence in family practice through advocacy, continuing medical education and primary care research. <u>www.acfp.ca</u>

May 22, 2018



Clavicle Fractures: To plate or not to plate, that is the question.

Clinical Question: For patients with a displaced midshaft clavicle fracture, should we routinely offer surgery instead of conservative management?

Bottom Line: High quality evidence demonstrates no significant longterm differences in patient oriented outcomes (pain, function, return to previous activities, or patient satisfaction) with surgery (plate) compared to conservative management. Approximately 20-38% of surgery patients require a second operation for plate removal.

Evidence:

- Randomized Controlled Trials (RCTs): Mostly males with closed, displaced, mid-shaft clavicle fractures without neurovascular compromise. Randomized to open reduction, internal fixation (ORIF) with plate, or conservative management. High quality RCTs (below) ensured both groups had similar rehabilitation from blinded physiotherapists.
 - Largest RCT of 302 English patients: ORIF or sling.¹ Followed for nine months.
 - Pain and function: Early benefit (<6 weeks) with ORIF but no clinically significant differences at three or nine months. At nine months:
 - Mean Disabilities of the Arm, Shoulder and Hand (DASH) score: 2 (operative) versus 3 (sling).
 - Mean Constant-Murley score (CMS): 92 (operative) versus 90 (sling).
 - Minimal clinically important differences:^{2,3} CMS=10 and DASH=11.
 - `Healthy shoulder' scores:^{4,5} DASH <29 or CMS >~90 (gender, age dependent).
 - Patient satisfaction: No difference.
 - Most recent RCT of 117 Brazilian patients: ORIF or figure-of-8 harness.⁶ Outcomes at one year:
 - Pain and function: No difference (no difference at any time point).
 - Mean DASH scores: 3 (both groups).
 - Time to return to work/"previous activities": No difference.
 - Patient satisfaction (shoulder appearance): No difference.
 - RCT of 160 Dutch patients: ORIF or sling.⁷ Outcomes at one year:
 - Pain and function: No difference in DASH/CMS scores (no difference at any time point).
 - Secondary surgery: 27% ORIF versus 17% sling.

- Cosmetic satisfaction: No difference
- Other RCTs limited by:
 - Unclear or no blinding of outcome assessors.^{8,9}
 - Different physiotherapy between groups.⁹
 - Emphasizing radiographic (not patient oriented) outcomes.^{8,9}
- Two quality systematic reviews found no difference in functional outcomes.^{10,11}

Context:

- Operative management of displaced clavicle fractures has increased exponentially in the past 20 years.^{12,13}
- 20-38% of Canadians who have clavicle fracture surgery will require a second surgery for hardware removal.¹⁴⁻¹⁶
- ORIF is more costly than conservative management.⁸

Authors:

Savanna Boutin BSc Hon, Robert Korbyl MD FRCS(C), Michael R Kolber MD CCFP MSc

Disclosure:

Authors do not have any conflicts of interest to declare.

References:

- 1. Ahrens PM, Garlick NI, Barber J, et al. J Bone Jt Surg. 2017; 99(16):1345-54.
- 2. Kukkonen J, Kauko T, Vahlberg T. J Shoulder Elb Surg. 2013; 22:1650-5.
- 3. Franchignoni F, Vercelli S, Giordano A, *et al*. J Orthop Sports Phys Ther. 2014; 44(1):30-9.
- 4. Williams N. Occupational Medicine. 2014; 64:67-8.
- 5. Yian EH, Ramappa AJ, Arneberg O, et al. J Shoulder Elb Surg. 2005; 14(2):128-33.
- 6. Tamaoki MJS, Matsunaga FT, da Costa AR, *et al*. J Bone Jt Surg. 2017; 99(14):1159-65.
- 7. Woltz S, Stegeman SA, Krijnen P, et al. J Bone Jt Surg. 2017; 99(2):106-12.
- 8. Robinson CM, Goudie EB, Murray IR, et al. J Bone Jt Surg. 2013; 95(17):1576-84.
- 9. Canadian Orthopaedic Trauma Society. J Bone Jt Surg. 2007; 89(1):1-10.
- 10. Woltz S, Krijnen P, Schipper IB. J Bone Jt Surg. 2017; 99(12):1051-7.
- 11. Lenza M, Buchbinder R, Johnston R, *et al*. Cochrane Database Syst Rev. 2013; (6):CD009363.
- 12. Huttunen TT, Launonen AP, Berg HE, et al. J Bone Jt Surg. 2016; 98:1837-42.
- 13. Huttunen TT, Kannus P, Lepola V, *et al*. Injury. 2013; 44:1899-903.
- 14. Ashman BD, Slobogean GP, Stone TB, et al. Injury. 2014; 45(10):1549-53.
- 15. Leroux T, Wasserstein D, Henry P, et al. J Bone Jt Surg. 2014; 96:1119-25.
- 16. Schemitsch LA, Schemitsch EH, Kuzyk P, et al. J Orthop Trauma. 2015; 29(12):533-7.

Tools for Practice is a biweekly article summarizing medical evidence with a focus on topical issues and practice modifying information. It is coordinated by G. Michael Allan, MD, CCFP and the content is written by practising family physicians who are joined occasionally by a health professional from another medical specialty or health discipline. Each article is peer-reviewed, ensuring it maintains a high standard of quality, accuracy, and academic integrity. If you are not a member of the ACFP and would like to receive the TFP emails, please sign up for the distribution list at http://bit.ly/signupfortfps. Archived articles are available on the ACFP website.

This communication reflects the opinion of the authors and does not necessarily mirror the perspective and policy of the Alberta College of Family Physicians.