

This rehabilitation program is designed to return the individual to their full activities as quickly and safely as possible, following a shoulder Distal Clavicle Excision. Modifications to this guideline may be necessary dependent on physician specific instruction or other procedures performed. This evidence-based guideline is criterion-based; time frames and visits in each phase will vary depending on many factors. The therapist may modify the program appropriately depending on the individual's goals for activity following this surgery.

This guideline is intended to provide the treating clinician a frame of reference for rehabilitation. It is not intended to substitute clinical judgment regarding the patient's post-operative care based on exam/treatment findings, individual progress, and/or the presence of concomitant procedures or post-operative complications. If the clinician should have questions regarding post-operative progression, they should contact the referring physician.

Phase	Suggested Interventions	Goals and Precautions
Phase I 0-7 days	Sling PRN (until nerve block wears off if applicable) Ice and modalities for pain and swelling	<i>Goals/Milestones for Progression:</i> Rest & healing

<p>Phase II</p> <p>Weeks 1-4</p> <p>1-2 PT visits and PRN for patient education</p>	<p><i>Home Exercises:</i></p> <ul style="list-style-type: none"> • Ice to prevent pain and swelling • Pendulums • Elbow, forearm, wrist, hand ROM • Passive, active assisted and/or active ROM exercises initiated to patient's tolerance. Exercises may be performed in all planes of motion. Table slides, wall slides. • Wand or doorway exercises for flexion, abduction, external rotation in neutral as well as at 90° of abduction as tolerated. • After 2 weeks: Progress posterior capsule mobilizations and closed chain scapular stabilizers 	<p><i>Goals/Milestones for Progression:</i></p> <ol style="list-style-type: none"> 1. Full passive and active range of motion 2. Pain free ADLs and light job duties <p><i>Precautions/Instructions:</i></p> <ul style="list-style-type: none"> • ROM as tolerated with only minimal pain • Decrease exercise if increased pain • No pulleys unless specifically indicated by the physician <p>AVOID: Post-Operative:</p> <ul style="list-style-type: none"> • Internal rotation behind the back x 4 weeks • Cross-body adduction x 8 weeks
<p>Phase III</p> <p>Weeks 4+</p> <p>PT 6-8 visits</p>	<p><i>Exercises:</i></p> <ul style="list-style-type: none"> • ROM exercises are continued/advanced as indicated • Strengthening exercises are implemented using Thera tube or low weight free weight program (biceps, triceps, and rotator cuff) • Scapular stabilization exercises • Core strengthening exercises. • Internal and external rotation in a neutral position and flexion and abduction at or below 90° of elevation. • 6 weeks: add RTC strengthening • Light dumbbells and/or Thera tube exercises may be progressed above 90° of elevation if indicated by the patient's desired activity level. Exercises should be progressed as tolerated. 	<p><i>Goals:</i></p> <ol style="list-style-type: none"> 1. Full active and passive ROM 2. Normal strength 3. Full pain free ADLs including work, sports and lifting activities 4. Throwers – completion of throwing program <p><i>Precautions/Instructions:</i></p> <ul style="list-style-type: none"> • A sport specific functional progression may be implemented at approximately 2 months post-op. Athletes performing repetitive overhead motions may expect to be progressed back to return to sport at a slower rate, approximately 2-4 months post-op. These include throwers, swimmers, divers, tennis, and volleyball players.

	<ul style="list-style-type: none"> • Week 7-10: <ul style="list-style-type: none"> ○ Multilevel cable column: rows, ER/IR, scaption ○ One hand wall push-up ○ Plyometrics – medicine ball chest pass <ul style="list-style-type: none"> • Supine: overhead ball toss, 90/90 ball toss. • Progress to standing when completed with no pain and good control. • Week 12: Begin throwing program for overhead athletes. 	<ul style="list-style-type: none"> • Weight room activities phased in at this time to patient's tolerance. Lifts, such as bench press, that put an extreme load on the AC joint will be some of the last exercises added and may take up to 4 months before resuming their previous level of performance. • Can return to gym exercises. If returning to bench press, begin <50% of pre-surgical weight, narrower grip, avoid full lock out of elbows <p>AVOID: Post-Operative:</p> <ul style="list-style-type: none"> • Cross body adduction x 8 weeks
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