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	*Goals/Milestones for Progression:* Rest & healing

Phase II Weeks 1-4 1-2 PT visits and PRN for patient education	Home Exercises: • Ice to prevent pain and swelling • Pendulums • Elbow, forearm, wrist, hand ROM • Passive, active assisted and/or active ROM exercises are initiated depending on the patient's tolerance. Exercises may be performed in all planes of motion. Table slides, wall slides. • Wand or doorway exercises can be used to work on 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	*Goals/Milestones for Progression:* 1. Full passive and active range of motion 2. Pain free ADLs and light job duties *Precautions/Instructions:* ROM as tolerated with only minimal pain Decrease exercise if increased pain **No pulleys unless specifically indicated by the physician** **AVOID:** internal rotation behind the back and cross-body adduction for 4 weeks post - operatively
Phase III Weeks 4+ PT 6-8 visits	Exercises: • 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. • The patient will begin with internal and external rotation in a neutral position and flexion and abduction at or below 90˚ of elevation. (RTC strengthening added at 6 weeks) • Light dumbbells and/or Thera tube exercises may be progressed above 90˚ of elevation if	Goals 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 **AVOID:** cross body adduction

	indicated by the patient's desired activity level. Exercises should be progressed as tolerated. • A sport specific functional progression may be implemented at approximately 2 months post operatively. Athletes performing repetitive overhead motions may expect to be progressed back return to sport at a slower rate, approximately 2-4 months post-operative. These include throwers, swimmers, divers, tennis, and volleyball players. • Weight room activities will be phased in at this time depending on patient's tolerance. Lifts, such as bench press, that put an extreme load on the AC joint will be some of the last exercises to be 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 • Week 7-10: Multilevel cable columns Rows, cable column ER/IR, scaption, one hand wall push up • Weeks 7-10: Plyometrics – medicine ball chest pass, overhead supine ball toss, 90/90 supine ball toss. Progress to standing when completed with no pain and good control • Begin throwing program for overhead athletes at week 12.	