



Purpose:

This guideline 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	MILESTONES FOR PROGRESSION
Phase I Days 0-7	Immobilization: <ul style="list-style-type: none"> Sling PRN <ul style="list-style-type: none"> Until nerve block wears off, if applicable Ice & modalities for pain & swelling 	Goals: <ul style="list-style-type: none"> Rest & healing
Phase II Weeks 1-4 1-2 PT visits and PRN for pt education	Precautions: <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 Avoid internal rotation behind the back for 4 weeks Avoid cross-body adduction for 8 weeks Home Therapy: <ul style="list-style-type: none"> Ice to prevent pain and swelling Pendulums Elbow, forearm, wrist, hand ROM PROM, AAROM and/or AROM exercises initiated to pt's tolerance <ul style="list-style-type: none"> Exercises may be performed in all planes of motion <ul style="list-style-type: none"> ⇒ 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 	Goals: <ul style="list-style-type: none"> Full passive and active range of motion Pain free ADLs and light job duties



<p>Phase III Weeks 4+</p>	<p>Precautions:</p> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> — These include throwers, swimmers, divers, tennis, and volleyball players • Weight room activities phased in to pt's tolerance <ul style="list-style-type: none"> — 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 — If returning to bench press, begin <50% of pre-surgical weight, narrower grip, avoid full lock out of elbows • Can return to gym exercises • Avoid cross-body adduction for 8 weeks <p>Therapy:</p> <ul style="list-style-type: none"> • ROM exercises are continued/advanced as indicated • Strengthening exercises are implemented using theratube or low weight free weight program <ul style="list-style-type: none"> — 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 <p><u>Week 6:</u></p> <ul style="list-style-type: none"> • Add RTC strengthening • Light dumbbells and/or theratube exercises may be progressed above 90° of elevation if indicated • Exercises should be progressed as tolerated <p><u>Weeks 7-10:</u></p> <ul style="list-style-type: none"> • Multilevel cable column: <ul style="list-style-type: none"> — Rows, ER/IR, scaption • One hand wall push-up • Medicine ball chest pass 	<p>Goals:</p> <ul style="list-style-type: none"> • Full active and passive ROM • Normal strength • Full pain free ADLs including work, sports and lifting activities • Throwers – completion of throwing program
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Distal Clavicle Excision

GUIDELINE

REAHB SERVICES



	<ul style="list-style-type: none">• Supine: overhead ball toss, 90/90 ball toss<ul style="list-style-type: none">— Progress to stand when completed with no pain and good control <p><u>Week 12:</u></p> <ul style="list-style-type: none">• Begin throwing program for overhead athletes	
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