



DISTAL CLAVICLE EXCISION REHABILITATION PROTOCOL

REHABILITATION PROGRESSION

The following is a general guideline. Please consult Dr. Syal/Dr. Soswa if there is any uncertainty concerning advancement of a patient to the next phase of rehabilitation. Rehabilitation should be individualized according to patient status.

PRECAUTIONS

- functional shoulder brace to be worn immediately post-op and continued for first 2 weeks
- DO NOT attempt to pick up heavy objects with the hand of the operative side
- DO NOT elevate surgical arm above 70° in any plane for the first 2 weeks post-op

PHASE I (WEEK 0-2)

- stage 1 & 2 shoulder exercises – pendulums + ROM
- shoulder brace worn for comfort, removed for exercises
- supine passive ROM, pendulums out of brace
- forward flexion to 120° to 170° by wk 6
- ER to 20° to 60° by wk 6, ER in abduction to 45° to 60° by wk 6
- abduction to 60° to 100° by wk 6 | IR to 70° (arm @30° abduction)
- 3 times daily elbow, hand and wrist ROM exercises to prevent stiffness

PHASE 2 (WEEKS 2-6)

- stage 3 shoulder exercises – strength/ROM + stages 1 & 2
- posterior capsular stretches & initiate theraband strengthening and light weights
- supine rhythmic stabilization at 60°-120° flexion
- towel stretching, wand activities in all planes
- shoulder shrugs, retractions with resistance, prone exercises
- sub-maximal isometric exercises & scapular stabilization exercises

PHASE 3 (WEEKS 6-12)

- continue with ROM by manual stretching if needed
- strengthening, endurance and functional activities
- progress strengthening program with an increase in resistance & speed reps
- initiate sport specific drills and functional activities
- interval throwing program weeks 16-24
- initiate plyometric program as appropriate for patient's functional goals
- functional progression, including but not limited to:
 - ▶ walk/job progression
 - ▶ throwing, running 1/2, 3/4, full speed