



Orthopedic Surgery, Sports Medicine & Arthroscopy Specialists

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REHABILITATION PROTOCOL- Distal clavicle resection

The rehabilitation guidelines are presented in a criterion based progression program. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance, tissue quality and injury severity. Specific time frames, restrictions, and precautions may also be given to protect healing tissues and the surgical repair/reconstruction. It should not be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam findings, individual progress, and/or the presence of post-operative complications. The therapist should consult the referring physician with any questions or concerns.

Special attention must be given to impairments that caused the initial problem. For example, if the patient is s/p partial medial meniscectomy and they have a varus alignment, post-operative rehabilitation should include correcting muscle imbalances or postures that create medial compartment stress.

INDIVIDUAL CONSIDERATIONS: S/p

PHASE 1- Surgery to 2 weeks

REHAB GOALS	<ol style="list-style-type: none"> 1. Reduce pain and inflammation 2. Regain range of motion
PRECAUTIONS	<ol style="list-style-type: none"> 1. Sling immobilization until nerve block wears off (if applicable) 2. Cryocuff 3-5 times per day for 20 minutes and ice after every therapy session once splint removed
RANGE OF MOTION EXERCISES	<ul style="list-style-type: none"> ○ Begin forward elevation in plane of scapula, ER at 30 deg abduction with arm supported ○ Elbow, forearm, wrist, hand ROM ○ Table slides, wall slides ○ Supine forward elevation, cane ER
SUGGESTED THERAPEUTIC EXERCISES	<ul style="list-style-type: none"> ○ As above ○ Side lying PNF to scapula
CARDIOVASCULAR EXERCISE	Stationary bike at one week, minimize excessive perspiration in surgical wounds
PROGRESSION CRITERIA	<ul style="list-style-type: none"> ○ Minimal/no pain ○ Wound healing

PHASE 2- 2-6weeks

REHAB GOALS	<ol style="list-style-type: none"> 1. Full active ROM of contralateral shoulder 2. Initiate scapular strengthening 3. Minimize pain and swelling
PRECAUTIONS	<ol style="list-style-type: none"> 1. Cryocuff 3-5 times per day for 20 minutes and ice after every therapy session 2. Avoid cross-body adduction
RANGE OF MOTION EXERCISES	<ul style="list-style-type: none"> ○ Continue phase 1 exercises ○ Progress to open chain exercises as tolerance allows
SUGGESTED THERAPEUTIC EXERCISES	<ul style="list-style-type: none"> ○ Continue phase 1 exercises ○ Non-weight bearing UE core stability ○ Closed chain exercises on flat surface ○ Supine flexion & pulley exercises. Reclined flexion progress to upright forward elevation ○ Scapular clocks ○ Begin LE exercises without heavy weight in operative arm
CARDIOVASCULAR EXERCISE	Stationary bike, elliptical, walk/jog/run progression
PROGRESSION CRITERIA	<ul style="list-style-type: none"> ○ No swelling or pain ○ Full, active ROM of shoulder ○ Normal/minimal deficit in scapulohumeral rhythm

PHASE 3- 7-10 weeks postop

REHAB GOALS	<ul style="list-style-type: none"> ○ Restore shoulder strength ○ Initiate sport/work specific training
PRECAUTIONS	<ul style="list-style-type: none"> ○ Continue ice post-therapy
RANGE OF MOTION EXERCISES	<ul style="list-style-type: none"> ○ Continue exercises from phase 2. ○ Pec stretches, sleeper stretches
SUGGESTED THERAPEUTIC EXERCISES	<ul style="list-style-type: none"> ○ Continue exercises from phase 2 ○ Core-initiate UE weight bearing core stability ○ UE- Multilevel cable columns/rows, cable column/tubing ER & IR, scaption, one hand wall push up ○ Plyometrics-medicine ball chest pass, overhead supine ball toss, 90-90 supine ball toss. Progress to standing when completed with no pain, good control ○ Lower extremity sport specific drills
CARDIOVASCULAR	Stationary bike increasing resistance, elliptical

EXERCISE	
PROGRESSION CRITERIA	<ul style="list-style-type: none"> ○ Pain free ROM ○ Normal scapulohumeral rhythm ○ Painless rotator cuff testing at 0 deg abduction

PHASE 4- 11+ weeks postop

REHAB GOALS	<ul style="list-style-type: none"> ○ Full shoulder strength ○ Throwing program at 12 wks ○ Return to sport/work
PRECAUTIONS	<p>Post-activity soreness should resolve within 24 hours</p> <p>Avoid post activity swelling</p>
RANGE OF MOTION EXERCISES	<ul style="list-style-type: none"> ○ Continue with flexibility exercises from previous phase ○ LE and core flexibility
SUGGESTED THERAPEUTIC EXERCISES	<ul style="list-style-type: none"> ○ Continue phase 3 activities, progress with weight/resistance ○ Throwers-begin throwing program ○ UE- can return to gym exercises. If returning to bench press, begin <50% of presurgical weight, with narrower grip, avoid full lock out of elbows ○ Sport specific drills at 20 weeks
CARDIOVASCULAR EXERCISE	<p>Continue from phase 3, progress to baseline</p>
PROGRESSION CRITERIA- RETURN TO WORK/SPORT	<ul style="list-style-type: none"> ○ Full passive, active GH ROM ○ No pain or swelling ○ Strength 90% of contralateral ○ Throwers-completion of throwing program ○ Completion of sport/work specific program