



Distal Clavicle Excision

Phase I – Immediate Post-Surgical (Week 1-4)

Goals:

- Minimize shoulder pain and inflammatory response
- Achieve gradual restoration of passive range of motion (PROM)
- Enhance and ensure adequate scapular function

Precautions:

- No lifting of objects with operative shoulder
- Patient education regarding limited use of the upper extremity (despite the potential of minimal pain)
- No active forward flexion/elevation greater than 90°
- No active abduction greater than 90°
- Wear sling at all times, may remove during shower and physical therapy

Criteria for progression to Phase II:

- Completion of Phase I activities without pain or difficulty

Week 1-4

- Pendulum exercises
- PROM elbow flexion/extension and forearm supination/pronation
- AROM hand and wrist
- Begin shoulder PROM in all planes to tolerance; do not force any painful movement
- Scapular retraction and clock exercises for scapular mobility, progress to scapular isometric exercises
- Cryotherapy for pain and inflammation
- May return to computer based work

Phase II – Protection (Week 5-6)

Goals:

- Minimize shoulder pain and inflammatory response
- Achieve gradual restoration of AROM
- Begin light waist level functional activities
- Wean out of sling

Precautions

- No lifting of objects greater than 5 lbs with operative shoulder

Criteria for progression to Phase III

- Restore full AROM of shoulder
- Appropriate scapular posture at rest and dynamic scapular control with ROM and functional activities
- Completion of Phase II activities without pain or difficulty

Week 5-6



- Progress shoulder PROM to active assisted range of motion (AAROM) and AROM all planes to tolerance
- Lawn chair progression for shoulder
- Glenohumeral, scapulothoracic, and trunk joint mobilizations as indicated when ROM is significantly less than expected. Mobilizations should be done in directions of limited ROM and only until adequate ROM is gained
- Begin incorporating posterior capsular stretching as indicated
- Cross-body adduction stretch
- Sleeper stretch: side-lying internal rotation stretch

Phase III – Intermediate Phase (Week 7-10)

Goals:

- Normalize strength, endurance, neuromuscular control
- Return to chest level full functional activities

Precautions

- Do not perform strengthening or functional activities in a given plane until the patient has near full ROM and strength in that plane of movement

Criteria for progression to Phase IV

- Appropriate rotator cuff and scapular muscular performance for chest level activities
- Completion of phase III activities without pain or difficulty

Week 7-10

- Continue AROM/PROM of shoulder and elbow
- Flexion/Extension and Abduction/Adduction at various angles of elevation
- Initiate balanced strengthening program
- Initially in low dynamic positions
- Gain muscular endurance with high repetition of 30-50, low resistance
- Exercises should be progressive in terms of muscle demand, intensity, shoulder elevation, and stress on the anterior joint capsule
- Nearly full elevation in the scapula plane should be achieved before beginning elevation in other planes
- All activities should be pain free and without compensatory/substitution patterns
- Exercises should consist of both open and closed chain activities
- No heavy lifting should be performed at this time
- Push up plus (wall, counter, knees on the floor, floor)
- Cross body diagonals with resistive tubing
- IR resistive band (0, 45, 90 degrees of abduction)
- Forward punch

Phase IV – Advanced Strengthening (Week 10+)

Goals:

- Continue stretching and PROM as needed/indicated
- Maintain full non-painful AROM



- Return to full strenuous work activities
- Return to full recreational activities

Week 10+

- Progress isotonic strengthening if patient demonstrates no compensatory strategies, is not painful, and has no residual soreness
- Strengthening overhead if ROM and strength below 90 degree elevation is good
 - Progressive return to upper extremity weight lifting program emphasizing the larger, primary upper extremity muscles (deltoid, latissimus dorsi, pectoralis major)
 - Start with relatively light weight and high repetitions (15-25)
- May initiate pre injury level activities/ vigorous sports if appropriate / cleared by MD

Criteria to Return to Sport

- Surgeon clearance
- Pain free shoulder function
- Adequate active and passive range of motion necessary for required sport/activity
- Greater than 90% strength as compared to the non-operative shoulder