

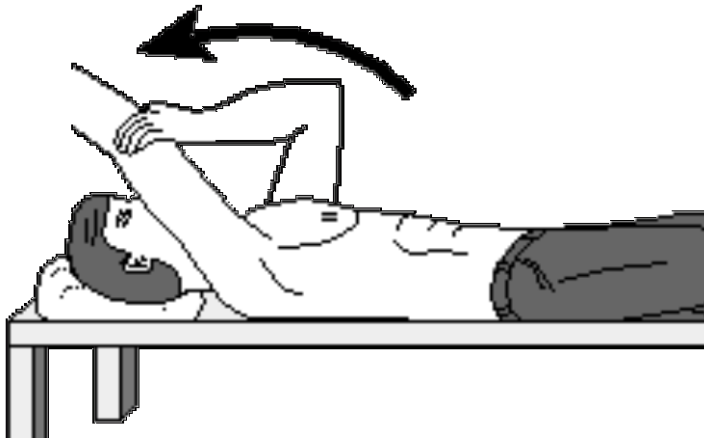
# PALM BEACH ORTHOPAEDIC INSTITUTE, P.A.

G. CLAY BAYNHAM, M.D. | MICHAEL COONEY, M.D. | MELISA ESTES, M.D. | VINCENT FOWBLE, M.D. | KENNETH GERSZBERG, M.D.  
BRIAN HILL, M.D. | JOHN HINSON, M.D. | JAMES KERPSACK, M.D. | JUSTIN KEARSE, M.D. | MICHAEL LEIGHTON, M.D. | FERNANDO MORA, M.D.  
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## Rehabilitation Protocol Distal Clavicle Excision

### Phase 1: Early ROM (0 to 4 weeks after surgery)

- May remove dressing and shower postop day # 3.
- Sutures are all underneath the skin and will dissolve on their own
- Ice or cold flow system encouraged for the first week at a minimum: should be used 3-4 times per day.
- Sling should be worn for the first week.
- Initiate shoulder exercise program 3 times per day:
  - AAROM: pulleys, wand and supine gravity assisted ROM.
  - Progress PROM and capsular stretching as tolerated.
  - Immediate elbow, forearm and hand ROM.
  - May start shoulder isometrics as pain improves.



trying to help the arm up a little higher each time.

Overhead reach is helping to lift your stiff arm up as high as it will go. To stretch your overhead reach, lie flat on your back, relax, and grasp the wrist of the tight shoulder with your opposite hand. Using the power in your opposite arm, bring the stiff arm up as far as it is comfortable. Start holding it for ten seconds and then work up to where you can hold it for a count of 30. Breathe slowly and deeply while the arm is moved. Repeat this stretch ten times,

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1411 FLAGLER DR, SUITE 9800, WEST PALM BEACH, FL 33401 | 7701 SOUTHERN BLVD, SUITE 100, WEST PALM BEACH, FL 33411

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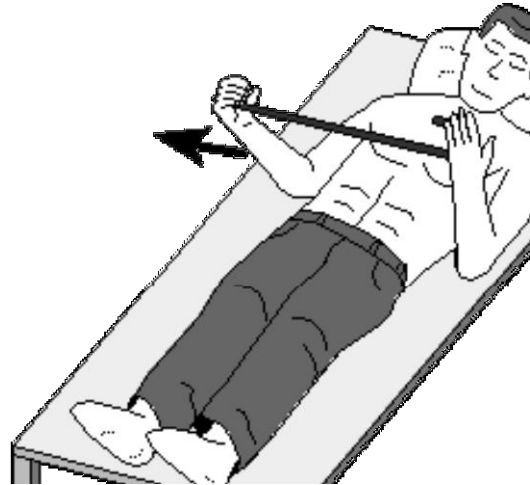
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External rotation is turning the arm out to the side while your elbow stays close to your body. External rotation is best stretched while you are lying on your back. Hold a cane, yardstick, broom handle, or dowel in both hands. Bend both elbows to a right angle. Use steady, gentle force from your normal arm to rotate the hand of the stiff shoulder out away from your body. Continue the rotation as far as it will go comfortably, holding it there for a count of 10. Repeat this exercise ten times

- Scapular ROM exercises.
- Avoid cross body adduction.

## **Phase 2 : Restore Function** (*more than 4 weeks after surgery*)

- Progress PROM and capsular stretching as tolerated.
- Equate active and passive ROM – all planes.
- Initiate rotator cuff and scapular stabilizer strengthening (Theraband, dumbbells, Hughston’s exercises, etc.) Avoid positions of impingement.
- Progress to functional activities as tolerated.



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