



Matthew D. Collard, D.O.
Worker's Compensation
Arthroscopy/Sports Medicine
Extremity Trauma
Joint Replacement Surgery

2325 Dougherty Ferry Rd, Ste. 100
St. Louis, MO 63122
(314) 909-1359 Fax (314) 909-1370
www.storthospecialists.com

Distal Clavicle Resection Rehab Protocol

Distal clavicle resection generally occurs when conservative treatment for degenerative changes or osteoarthritis wear and tear type arthritis over the small joint of the shoulder, otherwise known as the acromioclavicular joint, generally over the course of a lifetime, general progressive arthritis occurs. Cortisone injections as well as physical therapy is usually the mainstay of treatment. If these fail, considerations are given for distal clavicle resection and surgical intervention. Rotator cuff impingement syndrome due to inferior spurring of this joint may occur as well, causing pain and weakness of the rotator cuff as well with overhead activities. The surgical procedure can be done open, but usually is done arthroscopically, resecting approximately 1 cm. of distal clavicle and removing the spurs over the joint, relieving the inflammation and possible impingement of the rotator cuff. Rehab is focused on relieving pain as well as stiffness over the shoulder and gradual return to normal activities without pain. In general, this can be accomplished in 4-6 weeks but may take up to 12 weeks depending on the inflammation and stiffness at the time of surgical intervention. Generally light duty or sedentary work can commence at 5-7 days after surgery and return to heavy labor by 6-8 weeks.

Week 1:

Sling is to be worn for pain control and swelling. General pendulum exercises are started. Active range of motion is not restricted. Focus on regaining range of motion of wrist and elbow.

Weeks 2-4:

In general, a home exercise program is provided including pendulum exercises as well as progressive strengthening exercises. The goal during this portion of the rehab is to regain full range of motion of the shoulder and to start strengthening.

Weeks 4-6: Continue previous exercises. Sling should not be worn at any time after 4 weeks. Ice and local modalities may be used but are not likely necessary at this point. Progressive rotator cuff strengthening, no limitation to range of motion or resistive exercises. Wall walks and light dumbbell work.

Weeks 6-12: General progression of strengthening, released to full activities without restriction. Continued rotator cuff strengthening until strength has fully returned without pain.

Disclaimer: The patient is to return to sports in generally 6-12 weeks at the discretion of the physical therapist, as well as Dr. Collard.