

Christopher M. Brusalis, MD
 Phone: (516)-743-3036
 Fax: (516)-743-3576
 Email: DrBrusalisOffice@hss.edu
 Website: www.BrusalisMD.com



Physical Therapy for Arthroscopic Distal Clavicle Excision

The following is a basic framework from which to work during rehabilitation following arthroscopic distal clavicle excision. Physical therapists may employ specific exercises at their discretion within these guidelines. We encourage patients and therapists to communicate with Dr. Brusalis and his staff with any questions.

Please provide with a home exercise program to be perform throughout rehabilitation.

Phase	Timeframe	Guidelines
I	0-4 weeks	Sling for comfort (1-2 days), then discontinue. Codman's pendulums Passive to active shoulder ROM as tolerated <ul style="list-style-type: none"> • 140° forward flexion • 40° external rotation with arm at side • Internal rotation behind back with gentle posterior capsule stretching • No rotation with arm in abduction Grip strength Elbow/Wrist/Hand ROM Avoid cross-body/horizontal adduction until 8 weeks Avoid 90°/90° abduction/external rotation until 8 weeks
II	4-8 weeks	Advance ROM as tolerated <ul style="list-style-type: none"> • Goal- FF to 160° and ER to 60° Begin isometric exercises <ul style="list-style-type: none"> • Progress deltoid isometrics • ER/IR (submaximal) at neutral Advance to theraband as tolerated Avoid cross-body/horizontal adduction until 8 weeks Avoid 90°/90° abduction/external rotation until 8 weeks
III	8-12 weeks	Advance to full, painless ROM Continue strengthening as tolerated Begin eccentrically resisted motion and closed chain activities Only do strengthening 3x per week to avoid rotator cuff tendinitis