



Charlotte Shoulder Institute

Patient Centered. Research Driven. Outcome Maximized.

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DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY INSTRUCTIONS FOR ARTHROSCOPIC DISTAL CLAVICLE RESECTION

Initial recovery after shoulder surgery entails healing, controlling swelling and discomfort and regaining some shoulder motion. The following instructions are intended as a guide to help you achieve these goals until your 1st postoperative visit.

A. Comfort:

Although surgery uses only a few small incisions around the shoulder joint, swelling and discomfort can be present. To minimize discomfort, please do the following:

1. **Ice-** Ice controls swelling and discomfort by slowing down the circulation in your shoulder. Place crushed ice in cloth covered plastic bag over your shoulder for no more than 20 minutes, 3 times a day.
2. **Pain Medication-** Take medications as prescribed, but only as often as necessary. Avoid alcohol and driving if you are taking pain medication.
3. **Sling-** A sling has been provided for your comfort and to stabilize your shoulder for proper healing. You may wear the sling for comfort, however try to wean it as early as possible.
4. **Driving** – Driving is NOT permitted as long as the sling is necessary.

B. Activities:

1. You are immobilized with a sling for comfort only.
2. Your sling may be removed for gentle range-of-motion (PROM) exercises.
3. While your sling is off you should flex and extend your elbow and wrist – (3x a day for 15 repetitions) to avoid elbow stiffness.
Handball squeezes should be done in the sling (3x a day for 15 squeezes).

4. Physical therapy will begin approximately 1 week after surgery. Make an appointment with a therapist of your choice for this period of time. You have been given a prescription and instructions for therapy. Please take these with you to your first therapy visit.
5. Athletic activities such as throwing, lifting, swimming, bicycling, jogging, running, and stop-and-go sports should be avoided until cleared by Dr. Romanowski.

C. Wound Care:

1. Keep the dressing on, clean and dry.
2. Leave your dressing in place until your 1st post op follow up visit. If it falls off, apply band-aids.
3. You may shower the first day after surgery with the dressings in place.
4. Bathing, swimming, and soaking should be avoided for two weeks after your surgery.

D. Eating:

Your first few meals after surgery should include light, easily digestible foods and plenty of liquids, as some people experience slight nausea as a temporary reaction to anesthesia.

C. Call your physician if:

1. Pain persists or worsens in the first few days after surgery.
2. Excessive redness or drainage of cloudy or bloody material from the wounds. (Clear red tinted fluid and some mild drainage should be expected). Drainage of any kind 5 days after surgery should be reported to the doctor.
3. Temperature elevation greater than 101°.
4. Pain, swelling, or redness in your arm or hand.
5. Numbness or weakness in your arm or hand.
6. Chest pain or difficulty breathing.

D. Return to the office

Your first return to the office should be within the first 1-2 weeks after your surgery. Call Dr. Romanowski's office to make your first postoperative appointment.

REHABILITATION PROTOCOL FOR ARTHROSCOPIC DISTAL CLAVICLE RESECTION

The intent of this protocol is to provide the clinician with a guideline for the post-operative rehabilitation course of a patient that has undergone an arthroscopic distal clavicle resection. It is not intended to 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. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon.

Phase 1: (1-2 weeks)

Goals:

- Restore non-painful range of motion (ROM)
- Retard muscular atrophy
- Decrease pain/inflammation
- Improve postural awareness
- Minimize stress to healing structures
- Independent with activities of daily living (ADLs)
- Prevent muscular inhibition
- Wean from sling

Precautions:

- Care should be taken with abduction (with both active range of motion (AROM) and passive range of motion (PROM) to avoid unnecessary compression of subacromial structures
- Creating or reinforcing poor movement patterns, such as excessive scapulothoracic motion with upper extremity elevation, should be avoided

Range of Motion:

- PROM (non-forceful flexion and abduction)
- Active assisted range of motion (AAROM)
- AROM
- Pendulums
- Pulleys
- Cane exercises
- Self stretches

Strengthening:

- Isometrics: scapular musculature, deltoid, and rotator cuff as appropriate
- Isotonic: theraband internal and external rotation in 0 degrees abduction

Modalities:

- Cryotherapy
- Electrical stimulation-inferential current to decrease swelling and pain (as indicated and/or needed)

Criteria for progression to phase 2:

- Full active and passive ROM
- Minimal pain and tenderness

Phase 2: Intermediate Phase (2-6 Weeks)

Goals:

- Regain and improve muscular strength
- Normalize arthrokinematics
- Improve neuromuscular control of shoulder complex

Exercises:

- Initiate isotonic program with dumbbells
- Strengthen shoulder musculature- isometric, isotonic, Proprioceptive Neuromuscular Facilitation (PNF)
- Strengthen scapulothoracic musculature- isometric, isotonic, PNF
- Initiate upper extremity endurance exercises

Manual Treatment:

- Joint mobilization to improve/restore arthrokinematics if indicated
- Joint mobilization for pain modulation

Modalities:

- Cryotherapy
- Electrical stimulation - inferential current to decrease swelling and pain (as indicated and/or needed)

Criteria for Progression to Phase 3:

- Full painless ROM
- No pain or tenderness on examination

Phase 3: Dynamic (Advanced) Strengthening Phase: (6 weeks and beyond)

Goals:

- Improve strength, power, and endurance
- Improve neuromuscular control
- Prepare athlete to begin to throw, and perform similar overhead activities or other sport specific activities

Emphasis of Phase 3:

- High speed, high energy strengthening exercises
- Eccentric exercises
- Diagonal patterns

Exercises:

- Continue dumbbell strengthening (rotator cuff and deltoid)
- Progress theraband exercises to 90/90 position for internal rotation and external rotation (slow/fast sets)
- Theraband exercises for scapulothoracic musculature and biceps
- Plyometrics for rotator cuff
- PNF diagonal patterns
- Isokinetics

- Continue endurance exercises (UBE)

Bibliography / Reference List

1. Brotzman B, Wilk K. Clinical Orthopedic Rehabilitation. CV Mosby. 2nd edition 2003.
2. Wilk, K. Course notes: Recent Advances in the Evaluation and Treatment of the Shoulder “New Millennium Edition.”