

Rehabilitation Protocol: Distal Clavicle Fracture Fixation with AC Joint $\pm$ CC Ligament Reconstruction

Date of Surgery: _____

Procedure: ☐ Distal Clavicle Fracture Fixation ☐ AC Joint Reconstruction ☐ CC Ligament Reconstruction

Protect the Fixation: No shoulder ROM for 6 weeks. Avoid downward traction on the arm (no lifting or carrying), horizontal adduction, and IR behind the back early. No resisted strengthening until 4 months.

Progression is both time- and criteria-based. Outcome measures each phase: QuickDASH, NPRS. Please contact our office with any questions or concerns.

☐ **Phase I – Immobilization (Weeks 0–6)**

- **Sling:** Sling with abduction pillow at all times except showering; support the arm with pillows when sitting or sleeping
- **Precautions: No shoulder ROM.** No weight bearing through the arm, including lying on the operative side. No lifting or carrying. Sleep semi-reclined
- **Therapeutic Exercises**
 - Elbow, wrist, and hand AROM; grip
 - Cryotherapy for edema
 - Formal PT begins at 6 weeks

☐ **Phase II – Begin Passive, Progress to Active ROM (Weeks 6–10)**

- **Sling:** Discontinue at 6 weeks
- **Precautions:** No lifting or carrying; no resistance exercises; no weight bearing through the arm
- **Range of Motion –**
 - **Weeks 6–8:** Gentle passive stretch. Goals: forward flexion 140°; ER 40° with elbow at side; abduction 60–80° without rotation; **IR max 40° at 60–80° abduction.** Keep elbow at or anterior to the mid-axillary line when supine
 - **Weeks 8–10:** Begin AAROM, progressing to AROM as tolerated
- **Therapeutic Exercises**
 - Gentle supine AAROM; grade I–II joint mobilizations
 - Soft tissue mobilization (pectorals, upper trapezius, levator scapulae); scar mobilization; T-towel thoracic extension
 - Periscapular activation below shoulder height, mid-range, no resistance
 - Lower extremity/core strengthening with shoulder protected; stationary bike

☐ **Phase III – Achieve Full AROM (Weeks 10–12)**

- **Range of Motion –** Progress to full AROM without discomfort; initiate scaption to restore scapulohumeral rhythm
- **Therapeutic Exercises**
 - Continue Phase II exercises and scapular strengthening (no resistance)
 - Begin IR/ER isometrics; rhythmic stabilization
 - Posterior capsule stretching when warmed up
 - UBE as ROM permits; aquatic therapy once incision healed
- **Criteria to Progress:** Full pain-free AROM; normalized scapulohumeral rhythm

☐ **Phase IV – Strengthening (Months 3–6)**

- **Precautions: No strengthening or resistance exercises until 4 months.** No lifting >5–10 lbs until 4 months. No push-ups, bench press, or dips until 4 months; heavy pressing at ~6 months
- **Range of Motion** – Full without discomfort
- **Therapeutic Exercises (Month 4+)**
 - Isometrics, then Theraband, then light weights (1–5 lbs): 8–12 reps × 2–3 sets for rotator cuff, deltoid, and scapular stabilizers
 - Periscapular: rows, serratus punch, prone extension, progressing to prone I, T, Y
 - Rotator cuff progression to 90/90; initiate overhead strengthening
 - Closed chain scapular stability; push-up progression (wall, then incline, then floor); PNF patterns
 - Return to throwing progression and sport-specific training
- **Return to Sport: ~6 months** with physician clearance
- **Criteria for Discharge:** Pain-free ADLs and/or sport-specific training; full return to sport/activity; independent with HEP; physician clearance