

REHABILITATION PROTOCOL

Distal Clavicle Excision

Your guide to recovery



DR HARRY CONSTANTIN
ORTHOPAEDIC SURGEON



WELCOME

Your guide to recovery

following distal clavicle excision

This rehabilitation guide has been carefully developed to support your recovery following surgery and to help you achieve the best possible outcome.

It outlines the recommended rehabilitation pathway, providing guidance for your recovery at home and serving as a resource for you and your physiotherapist throughout the rehabilitation process.

Recovery is a gradual and individual journey. While this protocol provides a structured framework, your rehabilitation may be adjusted according to your specific procedure, progress and goals.

We encourage you to work closely with your physiotherapist and follow the advice provided by Dr Harry Constantin and his team during consultations.

We are committed to supporting you throughout your recovery and helping you return safely and confidently to the activities that matter most to you.



Dr Harry Constantin

ORTHOPAEDIC SURGEON

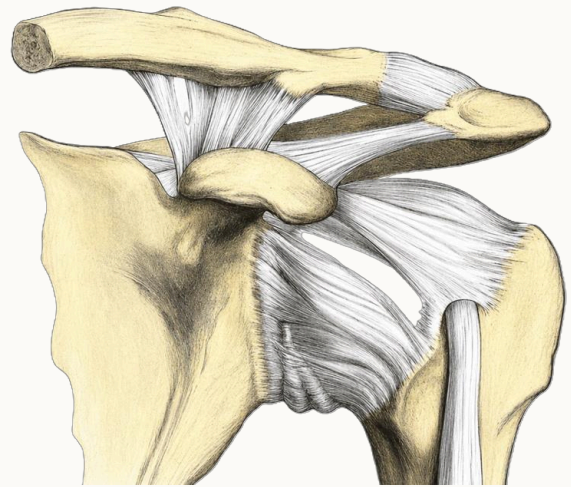
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What is a distal clavicle excision?

The acromioclavicular joint (ACJ) is the small joint at the top of the shoulder, where the outer end of the collarbone (clavicle) meets the acromion of the shoulder blade.

Why is it painful?

Wear and tear (arthritis) or repeated heavy loading, such as bench press, can damage the joint. This causes pain on top of the shoulder, which is often worse when reaching across your body, lying on that side or pushing heavy weights.



The acromioclavicular (AC) joint at the top of the shoulder

What does the surgery do?

A small amount of bone is removed from the end of the collarbone, so the two bones no longer rub together. The gap fills with scar tissue. The strong ligaments that hold the collarbone down are left intact, so the collarbone stays stable.

Your recovery

There is no repair to protect, so you can start moving your shoulder straight away. The main restriction is reaching across your body, which presses on the healing joint, for the first 8 weeks.

Your recovery in *four phases*

This protocol is designed to guide you and your physiotherapist through your recovery. Your treatment may be adjusted to meet your individual needs. Never push through sharp pain, and always keep your exercises within a comfortable, pain-free range. **Repeat your exercises 3 times a day, 5 days a week.**

1	Early Motion	WEEKS 0-4
2	Active Motion & Early Strength	WEEKS 4-8
3	Strengthening	WEEKS 8-12
4	Return to Full Activity	12 WEEKS +

Key principles



Follow the movement limits set by Dr Constantin



Avoid pain and sharp, sudden movements



Focus on control, posture and gradual progression – not speed



Regular physiotherapy reviews keep your recovery safe and steady

Remember

- **Individualised recovery.**
- **Gentle movement** – range of motion should be pain-free and as tolerated; never force end range.
- **Team communication** – ongoing contact between Dr Constantin, your physiotherapist and you keeps progress safe.
- **Healing takes time** – timelines are guides and may need extending.
- **Heat and ice** – heat before your exercises and ice afterwards can help.

Protect your AC joint



No reaching across your body for 8 weeks

Cross-body adduction compresses the healing joint. Wear your sling for the first 2 weeks, day and night, including while you sleep. It can come off for showers and gentle range of motion exercises.

Things to avoid



No reaching across your body

No cross-body adduction until 8 weeks



No resisted exercises

Until 4 weeks



No combined abduction and rotation

Introduce gradually from 4–8 weeks



Strengthen 2–3 times a week only

To avoid rotator cuff tendinitis

Key milestones



WEEKS 0–2

Sling day and night, including while you sleep (off for showers and gentle exercises). Stop it at 2 weeks.

WEEK 4

Light isometric strengthening at your side.

WEEK 8

Reaching across your body can begin. Bands, then light weights.

12 WEEKS

Return to full-strength exercise.

Early Motion

WEEKS 0-4

1

GOALS

Control pain and swelling. Restore movement early: passive, active-assisted and active range of motion as comfort allows.

PRECAUTIONS

- ◆ Wear the sling for 2 weeks, day and night (including while you sleep) – it can come off for showers and gentle range of motion exercises
- ◆ No reaching across your body (cross-body adduction) until 8 weeks
- ◆ No resisted movements until 4 weeks
- ◆ No combined abduction and rotation yet

PROGRESSION

FORWARD FLEXION

140°

by 4 weeks

EXTERNAL ROTATION

40°

at the side

Passive, active-assisted and active range of motion, progressing as comfort allows.

MAINTENANCE

Heat before your exercises and ice afterwards.

Active Motion & Early Strength

WEEKS 4-8

GOALS

Increase active range of motion in all directions. Begin light strengthening.

PRECAUTIONS

- ◆ Still no reaching across your body until 8 weeks
- ◆ Introduce combined abduction and rotation gradually

PROGRESSION

FORWARD FLEXION

160°

by 8 weeks

EXTERNAL ROTATION

60°

at the side

Increase active range of motion in all directions, adding gentle passive stretching at the end of your range to maintain flexibility.

STRENGTH & CONTROL

Light isometrics with the arm at your side for the rotator cuff and deltoid, progressing to bands as comfort allows.

Strengthening

WEEKS 8-12

3

GOALS

Regain full range of motion and progressively restore strength and control.

PRECAUTIONS

- ◆ Strengthen only 2-3 times a week, to reduce the risk of rotator cuff tendinitis
- ◆ No more than 10 repetitions per set

PROGRESSION

- Reaching across your body (cross-body adduction) can now begin
- If movement is still limited, stretch to full range with passive stretching at the end of range

STRENGTH & CONTROL

- Progress from isometrics, to bands, to weights
- Rotator cuff, deltoid and shoulder blade (scapular) stabilisers
- Eccentric resisted movements, plyometrics and closed-chain exercises

Return to Full Activity

12 WEEKS +

GOALS	Return to full-strength exercise, work and sport.
PROGRESSION	Continue your home exercise program and progress your gym program gradually.
WORK & SPORT	Return to full-strength exercise by 12 weeks. Work conditioning can be arranged if you have a heavy manual job.
MAINTENANCE	Ongoing shoulder and scapular strengthening, 2–3 times a week.