

ARTHROSCOPIC DISTAL CLAVICLE RESECTION REHABILITATION

Please give to your physiotherapist

0 to 6 weeks after surgery (see Dr Burrow in rooms at 2 weeks Post-Op)

Use arm for paperwork, computer, eating with arm/elbow out of sling.

Only wear sling when walking or travelling, and if uncomfortable when sleeping.

Remove sling when comfortable at 4-6 weeks.

INDOCID tablets, 25mg three times daily with food for three weeks.

Week 1

Pendulum exercises (Codman's).

Active elbow, wrist and exercises.

Passive shoulder forward elevation 0 to 90° supine.

Active and passive external rotation, supine to 45°.

Continue intensive scapular setting and posture program.

Continue intensive static humeral head depressor and adductor program.

Pain Control

You will be given strong pain killers when you leave the hospital, like Panadeine Forte or Endone to take as breakthrough pain killers or on going to bed at night.

You can take anti-inflammatories for 1 week however almost all the post-op pain is better controlled with regular Panadol every 6 hours and Nurofen 6 hourly, 3 hours after the Panadol.

Make the arm comfortable by positioning it out of the sling, resting it on your tummy or a pillow.

Sometimes it's more comfy to sleep in a reclining chair and / or with a body hugging pillow.

Regular icing with the ice pack: 30mins on 4 times daily and after exercises or physio is very helpful.

2 to 6 weeks

Continue passive assist forward elevation, aim for 180 degrees by week 6.

Gentle passive external rotation, aiming 100% by week 6.

Introduce active assisted movements of elevation, external and internal rotation, beginning supine then

against gravity 6-8 weeks.

Continue range of motion program for elevation, external and internal rotation with terminal stretching.

6 to 16 weeks (see Dr Burrow in rooms at 8 weeks Post-Op)

Progress to advanced stretching and strengthening programs gradually as tolerated by the patient.

Breaststroke swimming 20 mins 3-4 times weekly.

Gradually increase overhead use of the arm.

Avoid repetitive overhead use of the arm.

May drive if comfortable and safe.

Review with Dr Burrow 16 weeks Post-Op if required.

Return to work

Plan for return to work based on the type of the job:

Return to office work between 1-2 weeks as comfortable.

Depending on return of movement and strength, return to manual work at 3-4 months.

GREGGORY BURROW