LAKESHORE
BONE & JOINT INSTITUTE
ORTHOPEDIC EXCELLENCE. KEEPING YOU IN MOTION.

Neel P. Jain, MD
Orthopedic Surgery
Sports Medicine
Direct Line (219) 250 - 5038
Fax (219) 250 - 5238

Acromioplasty W/WO Distal Clavicle Resection Protocol

Name _____ **Date** _____

Procedure _____

Procedure Date _____

Frequency 1 2 3 4 5 times/week **Duration** 1 2 3 4 5 6 weeks

FIRST THERAPY VISIT

- Therapy appointment should be scheduled for 3-5 days postoperatively.
- Goals of therapy visit include:
  - Surgical site evaluation (see below for instructions)
  - Brace/sling education and adjustment as needed
  - Review of therapy protocol, expectations, and plan
  - Initiation of early phase therapy ONLY if applicable (follow protocol as outlined below)
- Surgical site evaluation
  - Incisions are closed with one or combination of below methods
    - Staples
    - Nylon sutures (black sutures)
    - Monocryl sutures covered with steristrips or glue
    - Prineo dressing (clear adherent glue dressing)
- Dressing Care:
  - Wash hands with antibacterial soap before changing or examining the dressing.
  - If a **Tegaderm dressing** is present near the armpit, **DO NOT REMOVE IT**—this should remain intact until the first physician appointment. The rest of the dressing may be changed as instructed below.
  - There will be gauze and padding over the incisions, and the extremity may be wrapped with an ACE wrap.
  - The therapist should **change the surgical dressing using sterile technique,** which includes:
    - Sterile field
    - Sterile gloves
    - Betadine or chlorhexidine skin cleanser
    - Sterile supplies
  - **Do NOT remove** Steri-Strips, glue dressing, sutures, or staples.
  - The new dressing should include dry gauze and tape/ACE wrap. If there is a prineo dressing, no covering is needed. Ensure wounds are clean and dry before applying a new dressing, without removing Steri-Strips or glue.
  - Do **not** use **Tegaderm** unless it was applied during surgery or specifically stated in the orders.

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If there are any concerns regarding the incisions or dressings, the therapist should call the office immediately at (219) 250-5038.

- Post-Op Incision Care
  - **Unless otherwise instructed, incisions must remain dry for seven days.**
  - **Showering:**
  - The incisions must be **sealed off in the shower** until cleared by the physician.
  - Prineo and glue dressings are water-resistant, and **incisions covered by these dressings may get wet after 3-5 days** (minimize water exposure).
  - **Do NOT scrub the area.** Instead, gently rinse with warm, soapy water.
  - Pat dry with a clean towel and **avoid lotions or creams.**
  - **Do NOT soak** in a **pool, bath, or hot tub** until cleared by the surgeon.
  - Wear **clean clothes** after showering and avoid pet hair or other contaminants near the surgical site.
  - **Do NOT apply ointments or medications** to the surgical area.

*****Range of motion is an important progression of therapy, but limiting swelling is important. Respecting swelling will decrease pain and improve motion.*****

Weeks 1-4:
- PROM → AAROM → AROM as tolerated
- With a distal clavicle resection, hold cross-body adduction until **8 weeks post-op**; otherwise, all else is the same in this rehab program
- ROM goals: 140º FF/40º ER at side
- No abduction-rotation until 4-8 weeks post-op, as pain allows.
- No resisted motions until 4 weeks post-op
- DC sling at 1-2 weeks post-op; sling only when sleeping if needed
- Heat before/ice after PT sessions

Weeks 4-8:
- DC sling if not done previously
- Increase AROM in all directions with passive stretching at end ranges to maintain shoulder flexibility
- Goals: 160º FF/60º ER at side
- Begin light isometrics with arm at side for rotator cuff and deltoid; can advance to bands as tolerated
- Physical modalities per PT discretion

Weeks 8-12:
- Advance strengthening as tolerated: isometrics → bands → weights; 10 reps/1 set per rotator cuff, deltoid, and scapular stabilizers
- Only do strengthening 3x/week to avoid rotator cuff tendinitis
- If ROM lacking, increase to full with passive stretching at end ranges
- Begin eccentrically resisted motions, plyometrics, and closed chain exercises

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Comments:

Teach HEP_____

Modalities PRN

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature_____ Date _____