

**(PROTOCOL #1) NON-OPERATIVE IMPINGEMENT SAD DISTAL CLAVICLE EXCISION PROTOCOLS**

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The following is a set of general guidelines. It is important to remember that each patient is different. The progression of the patient depends on many factors including age and medical health of the patient and physician preferences. Any bracing is discontinued **ONLY UPON DIRECTION OF PHYSICIAN.**

PHASE	FUNCTIONAL PROGRESSION/ACTIVITIES	GOALS/RESTRICTIONS
Injury to 2 weeks	OT elbow/hand ROM putty and ADL modifications Supine stick external rotation, CAD, forward flexion, Pendulum, Pulley-flexion and abduction Internal rotation up back Isometrics: deltoid (anterior, middle, posterior) biceps/triceps, periscapular, shoulder shrugs, scapular retraction UBE AROM Joint Mobs PROM/gentle stretching; modalities as needed	No bracing/No Immobilizers Modalities for pain control. DASH questionnaire at time of evaluation and every 4 weeks. no overhead lifting or exercises
2 weeks	All of above including: Theraband exercises for all planes of motion Start internal/external rotation then add flexion/extension and then abduction Biceps/Triceps with free weights Prone periscapular strengthening	Progress to all 5 planes 1-2 week period to progress; every other day 45° arc after 2 weeks can do daily then progress to full arc

**Refer to enclosed table for suggested exercises which optimize muscle function based on EMG activity.**

Approved By:

Physician reserves the right to adjust these protocols for each patient.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Robert M. Doane, M.D., P.C.

Signature: \_\_\_\_\_ Date 2002

Balu Pisupati, PT