

PHYSICAL THERAPY PROTOCOL — FOR THE TREATING THERAPIST

Arthroscopic Distal Clavicle Excision (Mumford)

Rehabilitation guideline — individualize per operative note and surgeon instruction · Questions: (513) 441-5639

PRECAUTIONS

- No structural repair to protect — progression is comfort-based.
- Sling for comfort only, typically 3–7 days; discontinue as tolerated.
- Avoid loaded horizontal adduction (cross-body), dips, and heavy bench pressing × 4–6 wk — these load the resection site.
- Expect end-range AC-area soreness early; it settles as the resection matures.

PHASED PROGRESSION

Phase	WB / Protection	Goals & Interventions	Criteria to Progress
0–2 wk	Sling for comfort only	Immediate full AROM/PROM all planes as comfort allows, scapular retraction/posture work, edema control, hand/elbow motion	Sling discarded; ROM ≥ 75% contralateral
2–4 wk	Unrestricted daily use	Full ROM, begin progressive strengthening — rows, external/internal rotation, deltoid; avoid cross-body loading	Full pain-free ROM
4–6 wk	Unrestricted	Progressive pressing re-introduced (neutral grips first), continue periscapular program, begin sport-specific loading	Pressing pain-free at moderate load
6 wk+	Unrestricted	Return to full duty/sport including bench and overhead work as symptoms allow	Strength ~90% contralateral; asymptomatic

Timeframes are typical; the operative note governs. If DCE was combined with rotator cuff repair or stabilization, follow THAT protocol — this sheet applies to isolated distal clavicle excision only. Report wound concerns, fever, or neurovascular changes to the office same-day.



SCAN FOR THE LATEST VERSION ONLINE
robertpettitmd.com/pt-protocols/distal-clavicle-excision.pdf
This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.