EDWARDS ORTHOPEDICS
Advanced Orthopedic Surgery, Close to Home.
Dr. Chad Edwards, Orthopedic Surgeon

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POST-OPERATIVE REHABILITATION PROTOCOL

Subacromial Decompression / Distal Clavicle Excision (Mumford)

Early motion after isolated arthroscopy with temporary protection of the AC joint

PATIENT	SURGERY DATE	SIDE / PROCEDURE NOTES
_____	_____	_____

HOW TO USE THIS PROTOCOL Time frames are guides, not deadlines. Progress only when the phase criteria are met and the knee/arm is not reacting with increased pain or swelling. Dr. Edwards' written instructions always take priority.

SCOPE Use for isolated arthroscopic decompression/distal clavicle excision. If rotator cuff or biceps repair was performed, follow the repair protocol instead.

STOP AND CALL: fever/chills, increasing redness or drainage, uncontrolled pain, new or worsening numbness/weakness, calf pain/swelling, chest pain, or shortness of breath. Call 911 for an emergency.

KEY RESTRICTIONS AT A GLANCE

TIME	PROTECTION / WEIGHT BEARING	MOTION / LOADING
0-2 weeks	Sling for comfort only	Passive to assisted to active ROM as tolerated; no resistance
2-4 weeks	Discontinue sling as able	Restore functional ROM; continue AC-joint protection
4-8 weeks	No heavy loading	Begin cuff/scapular strengthening; limit cross-body adduction through week 8
8-12+ weeks	Progress activity	Full ROM and graded return to work/sport

PHASE-BY-PHASE PLAN

Phase 1 | Motion and pain control (0-2 weeks)

- **Priorities:** Reduce pain; restore comfortable shoulder motion; maintain distal mobility.
- **Protection:** Use the sling for comfort for a few days up to 2 weeks. No resisted exercise and no heavy use.

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- **Protection:** If a Mumford procedure was performed, avoid forceful horizontal/cross-body adduction for 8 weeks.
- **Therapy focus:** Pendulums, pulleys/cane assistance, elbow/wrist/hand ROM, grip, and passive-to-assisted-to-active shoulder ROM as tolerated.

Phase 2 | Restore ROM (2-4 weeks)

- **Priorities:** Approach full comfortable ROM and normalize scapular mechanics.
- **Protection:** Do not force painful end range or load the AC joint in cross-body positions.
- **Therapy focus:** Progress active elevation, external/internal rotation, posterior shoulder mobility, scapular control, and light daily use.

Phase 3 | Strength (4-8 weeks)

- **Priorities:** Restore rotator-cuff, deltoid, and scapular endurance.
- **Protection:** Continue to limit horizontal adduction through week 8 after distal clavicle excision.
- **Therapy focus:** Begin pain-free isometrics, then bands/very light weights; progress from below shoulder level to functional planes.

Phase 4 | Return to activity (8-12+ weeks)

- **Priorities:** Return to full daily, work, and recreational activity.
- **Protection:** Increase resistance only if full ROM is maintained and the shoulder is not sore the next day.
- **Therapy focus:** Advance isotonic, closed-chain, eccentric, plyometric, and activity-specific exercise.
- **Therapy focus:** Return requires full comfortable ROM, no focal AC tenderness, and task-appropriate strength.

GENERAL PROGRESSION RULE A mild exercise ache that resolves is acceptable. Back down and contact the care team if pain is sharp, swelling increases, motion is lost, gait/mechanics worsen, or symptoms remain elevated the next day.