LAKESHORE
Bone & Joint Institute

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Pectoralis Major Repair Protocol

Name _____**Date** _____

Procedure _____

Procedure Date _____

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

Weeks 0-1:

- Patient to do home exercises given post op (posture, pendulums, elbow ROM, wrist ROM, grip strengthening)

Weeks 1-6:

- **TRUE PROM ONLY!** Gradual flexion and gentle ER ROM
  - 0-4 weeks limited ER to neutral, 45° ABD
  - 4-6 weeks progress ER to 30°, 90° ABD
  - No excessive ABD
- Maintain elbow and wrist ROM with shoulder in neutral
- Soft tissue massage to surrounding tissues if needed (scapular region, upper trapezius, levator, etc)
- At 4-6 weeks scar mobilization
- Heat before and ice after PT, modalities

Weeks 6-12:

- DC sling
- Gradually progress to full PROM, no excessive stretching
- Submaximal isometrics with arm in neutral (gentle 1-2 fingers with IR isometric)
- Begin AAROM ➔AROM as tolerated (pulleys, wands, etc)
  - 6-8 weeks gentle DIR behind the back
- 8 weeks begin gentle scapular stabilization

Months 3-12:

- Advance to full ROM as tolerated with passive stretching at end ranges as needed
- Advance strengthening as tolerated- bands ➔light weights (1-5#) 8-12 reps/2-3 sets per rotator cuff, deltoid, scapular stabilizers
- No elbow flexion greater than 90° with bench press, dips, etc

- No flies or pull downs until 4 months post op
- Begin eccentrically resisted motions, plyometrics (ex- weighted ball toss), proprioception (ex- body blade)
- Begin sports related rehab at 4.5 months, including advanced conditioning
- Collision sports at 9 months
- MMI is usually at 12 months post op

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 _____