PECTORALIS MAJOR REPAIR PHYSICAL THERAPY PROTOCOL

Name___________________________________________________ Date__________________

Diagnosis  s/p RIGHT/LEFT Pectoralis Major Repair

Date of Surgery____________________   Frequency: ________times/week     Duration: ________ Weeks

Weeks 0-1:
Patient to do Home Exercises given post-op (pendulums, elbow ROM, wrist ROM, grip strengthening)
Patient to remain in shoulder immobilizer for 6 weeks

Weeks 1-6:
True PROM only! The tendon needs to heal back into the bone.
ROM goals: 90° FF, 30° ER at side; 20° extension, 45° abduction
Avoid stretch of anterior capsule; Codman’s and posterior capsular mobilization
No resisted motions of shoulder until 12 weeks post-op
Grip strengthening, Heat before PT, ice after PT
No canes/pulleys until 6 weeks post-op, because these are active-assist exercises

Weeks 6-12:
Begin AAROM ( AROM as tolerated
Goals: Same as above, but can increase as tolerated
Light passive stretching at end ranges
Begin scapular exercises, PRE’s for large muscle groups (pecs, lats, etc.)
No resisted IR or Adduction; Isometrics with arm at side beginning at 8 weeks

Months 3-4:
Advance to full ROM as tolerated with passive stretching at end ranges
Advance strengthening as tolerated: isometrics ( bands ( light weights (1-5 lbs); 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers
Only do strengthening 3x/week to avoid rotator cuff tendonitis
Begin eccentrically resisted motions, plyo (ex. Weighted ball toss), proprioception (es. body blade)
Emphasize external rotation and latissimus eccentrics
Glenohumeral stabilization; plank/push-ups @ 16 wks
Begin muscle endurance activities (upper body ergometer)   Cycling/running okay at 12 weeks

Months 5-12:
Aggressive scapular stabilization and eccentric strengthening
Begin plyometric and throwing/racquet program
Continue with endurance activities
Maintain ROM and flexibility
Return to full competition 9-12 months

Functional Capacity Evaluation    Work Hardening/Work Conditioning    Teach HEP

Electric Stimulation Ultrasound Iontophoresis Phonophoresis Heat before Ice after
Trigger points massage TENS Therapist’s discretion

Signature__________________________________________ Date__________________