Pec Major Transfer for Scapular Winging Physical Therapy Protocol

Name_______________________________________________________ Date____________

Diagnosis   s/p RIGHT/LEFT Pectoralis Major Transfer

Date of Surgery_________________________

Frequency: ______times/week     Duration: ______ Weeks

______Weeks 0-3:  
Sling for 6 weeks  
Pendulum exercise, elbow and wrist range of motion, grip strengthening  
No resistance

______Weeks 3-6:  
90 FF/ 20 ER at side, PROM Supine only with scapula stabilized

______Weeks 6-12:  
140 FF/ 40 ER at side/ 80 ABD, advance as tolerated  
Isometrics can begin at 8 weeks

______12 Weeks to 6 Months:  
Resisted weight training

Comments:

____Functional Capacity Evaluation   ____Work Hardening/Work Conditioning   ____ Teach HEP

Modalities
____Electric Stimulation  ____Ultrasound  ____Iontophoresis   ____Phonophoresis   ____TENS
____ Heat before   ___Ice after   ___Trigger points massage   ____ Therapist’s discretion

Signature__________________________________________ Date__________________