

REHABILITATION PROTOCOL: PECTORALIS MAJOR REPAIR

□ Phase 1 (Weeks 0-6)

- Sling immobilization at all times except for showering and rehab under the guidance of PT for 4-6 weeks (determined by surgeon and tension of repair)
- Range of motion
 - True PROM only to patient tolerance
 - Goals: 130° of forward flexion in the adducted position
 - AVOID active abduction, forward flexion, and external rotation
- Therapeutic exercises
 - Codman exercises/ pendulums
 - Neck, elbow, wrist, hand range of motion
- Ice before and after physical therapy sessions

□ Phase 2 (Weeks 6-12)

- Discontinue sling immobilization
- Range of motion
 - Goals: full PASSIVE ROM
- Therapeutic exercises
 - Gentle passive ROM to pain tolerance
 - NO active internal rotation, adduction to allow repair to fully heal
 - Begin periscapular strengthening program and isometric strengthening exercises
- Modalities per PT discretion

□ Phase 3 (Months 3-6)

- Range of motion
 - Progress to full AROM without discomfort
- Therapeutic exercises
 - Continue scapular strengthening and Phase 2 exercises
 - Progressive, resisted strengthening exercises to include horizontal adduction, shoulder adduction, internal rotation, and forward elevation with use of arm bands and pulleys
 - NO dips, pushups, bench press, flies, or military press
- Modalities per PT discretion

□ Phase 4 (Months > 6)

- Range of motion
 - Full without discomfort
- Therapeutic exercises
 - Advance strengthening with light weights/ high repetition for dumbbell bench press and pushups
 - At 9-12 months can return to full activities including all types of weighted exercise
 - AVOID heavy weight, low repetition exercise involving the pectoralis major muscle indefinitely, particularly flat barbell bench press
 - Modalities per PT discretion