

**Pectoralis Major Tendon
Repair**



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**REHABILITATION GUIDELINES
PECTORALIS MAJOR TENDON REPAIR**

PHASE 1 (2-6 WEEKS AFTER SURGERY)

DATE:

Appointments	Begin physical therapy 2 weeks after surgery
Rehabilitation Goals	Protect the post-surgical shoulder Maintain integrity of the repair
Precautions	Sling immobilization required for soft tissue healing for 6 weeks No AROM for the first 6 weeks Non-weightbearing Starting at 2 weeks, PROM fwd flexion to 45 deg, increasing 5-15 deg per week Passive ER with arm add to 0 deg, progressing 5 deg/week ER should not exceed 30 deg for first 6 weeks At 4 weeks: Passive abd to 30 deg, progressing 5 deg per week
Suggested Therapeutic Exercises	Codman's Pendulums Elbow and hand AROM PROM within restrictions
Cardiovascular Exercises	Walking, stationary bike with sling on No swimming or treadmill

	Avoid running or jumping due to distractive forces that can occur at landing
Progression Criteria	Minimal edema and pain well controlled

PHASE 2: 6-12 WEEKS DATE:

Rehabilitation Goals	<p>Full AROM and PROM</p> <p>Gradual restoration of strength and endurance of shoulder</p>
Precautions	<p>Discontinue sling</p> <p>Do not extend or IR shoulder behind the plane of the body for 12 weeks</p>
Suggested Therapeutic Exercises	<p>AAROM/AROM shoulder flexion</p> <p>PROM: May work into full ROM in all planes</p> <p>Work scapular mobility and strengthening</p> <p>Gentle capsular stretching</p> <p>Isometrics with elbow at side (shoulder ER, flx, ext)</p> <p>Pulleys</p> <p>Quadriped progressions</p>
Cardiovascular Exercises	<p>Walking, stationary bike</p> <p>No swimming or treadmill</p> <p>Avoid running or jumping due to distractive forces that can occur at landing</p>
Progression Criteria	Full shoulder PROM

PHASE 3: 12-16 WEEKS

DATE:

Rehabilitation Goals	Continue to progress strengthening of the shoulder
Precautions	Continue to avoid heavy loads through the pec or intensive stretching of pec
Suggested Therapeutic Exercises	<p>Progress scapular mobility and strengthening</p> <p>Begin submax pectoralis strengthening</p> <p>Progress scapular and rotator cuff strengthening, avoiding heavy IR loads</p> <p>Wall push-ups, progressing to table, then uneven surfaces</p> <p>Plank on hands</p> <p>Active ER+horizontal abduction, not to end range and without pain</p>
Cardiovascular Exercises	<p>Walking, stationary bike with sling on</p> <p>No swimming or treadmill</p> <p>Avoid running or jumping due to distractive forces that can occur at landing</p>
Progression Criteria	Able to perform strength and endurance activities without an increase in pain and without upper trap substitution

PHASE 4: 16-20 WEEKS

DATE:

Rehabilitation Goals	Progression to high level strengthening and return to sport activities
Suggested Therapeutic Exercises	<p>Seated: free weight pec fly, lat pull down</p> <p>Supine: Light chest press with free weights, keeping elbows anterior to the frontal plane</p> <p>Partial push-ups progression to full push-ups, keeping elbows anterior to the frontal plane</p> <p>Plyo against the wall</p>

	Overhead ball toss and catch Progress rotator cuff strengthening, including IR
Cardiovascular Exercises	May begin light jogging
Progression Criteria	Tolerate single arm strengthening of pec, plyometrics, without an increase in symptoms

PHASE 6: RETURN TO SPORT

DATE:

Rehabilitation Goals	Return to sport
Precautions	Discourage 1RM for bench press
Suggested Therapeutic Exercises	Return to sport at 6-9 months per physician clearance Work high level plyometrics, strengthening, and stability