

# PECTORALIS MAJOR TENDON REPAIR

## REHABILITATION PROTOCOL

	RANGE OF MOTION	IMMOBILIZER	EXERCISES
<b>PHASE I</b> 0-2 Weeks	None	Sling worn day and night  Worn at all times besides hygiene and exercises	Elbow/wrist ROM, grip strength  *Stationary bike, lower body, core okay if arm in sling and shoulder not being used/moved
<b>PHASE II</b> 2-6 Weeks	Begin PROM with limits of 90° flexion, 45° ER, 20° extension, 45° abduction	Sling during the day only	Begin PROM activities, Codman's, posterior capsule mobilizations; avoid stretch of anterior capsule  Continue wrist and elbow ROM, grip strength
<b>PHASE III</b> 6-12 weeks	Begin active/active assisted ROM with goal of full ER, 135° flexion, 120° abduction	Discontinue sling at 6 weeks	Continue prior work; begin active-assisted exercises, deltoid/rotator cuff isometrics at 8 weeks  Begin resistive exercises for scapular stabilizers, biceps, triceps and rotator cuff*; initiate closed-chain scapula  No resisted IR/Adduction
<b>PHASE IV</b> 12-16 weeks	Gradual return to full and pain-free AROM	None	Advance activities in Phase III; emphasize external rotation and latissimus eccentrics, glenohumeral stabilization  Begin muscle endurance activities (upper body ergometer) and cycling/running at 12 weeks  Plank/push-ups okay at 16 wks
<b>PHASE V</b> 4-5 months	Full and pain-free	None	Aggressive scapular stabilization and eccentric strengthening  Begin plyometric and sport specific program, continue with endurance activities  Maintain ROM and flexibility
<b>PHASE VI</b> 5-7 months	Full and pain-free	None	Progress to full activity as tolerated

\*Utilize exercise arcs that protect the anterior capsule from stress with resistive exercises and keep strengthening below the horizontal plane until 12 weeks post-op

\*\*May remove sling if arm is supported on chair/desk/table (ie desk work, eating)

\*\*Patient protocols may vary. Please follow patient-specific script if modified.