

University Orthopedics, Inc.

PECTORALIS MAJOR REPAIR REHABILITATION PROTOCOL

This protocol was developed for patients who have had a pectoralis major repair. Please note this protocol is a guideline. Patients with additional surgery will progress at different rates. Achieving the criteria of each phase should be emphasized more than the approximate duration.

PHASE I: 1-2 WEEKS POSTOPERATIVE

GOALS: Protection and Pain Control

AMBULATION AND BRACE USE:

Shoulder Immobilizer x 6 weeks
– Even while sleeping
– Place pillow under shoulder / arm while sleeping for comfort

EXERCISES:

Hand squeezing exercises
Elbow and wrist active motion (AROM) with shoulder in neutral position at side
Stationary bike (must wear immobilizer)

PHASE II: 2-4 WEEKS POSTOPERATIVE

GOALS: Protection and Pain Control

AMBULATION AND BRACE USE:

Continue immobilizer x6 weeks

EXERCISES:

Continue appropriate previous exercises
Supported pendulum exercises
Resisted elbow/wrist exercises with light dumbbell (<5#), shoulder in neutral position

PHASE III: 4-6 WEEKS POSTOPERATIVE

GOAL: Supine AAROM Flexion to 90 degrees

AMBULATION AND BRACE USE:

Continue immobilizer x6 weeks

EXERCISES:

Continue appropriate previous exercises

Shoulder shrugs, scapular retraction without resistance
AAROM supine with wand—flexion to 90 degrees
1-2 Finger isometrics x 6 (fist in box)

PHASE IV: 6-8 WEEKS POSTOPERATIVE

GOAL: AROM Flexion to 120 degrees, Abduction to 90 degrees

AMBULATION AND BRACE USE:

D/C immobilizer

EXERCISES:

Continue appropriate previous exercises
AROM in pain-free range as tolerated, No PROM
AAROM (pulleys, supine wand, wall climb)
– Flexion > 90 degrees
– Abduction and ER to tolerance
– IR and extension (wand behind back)
Submaximal isometrics (continue 1-2 fingers for IR)
Elliptical trainer – Lower extremity only
Treadmill – Walking progression program

PHASE V: 8-12 WEEKS POSTOPERATIVE

GOALS: Full AROM and 30 Wall push-ups

EXERCISES:

Continue appropriate previous exercises
AROM, AAROM through full range, No PROM
Light Theraband ex – ER, Abduction, Extension
Biceps and Triceps PREs
Prone scapular retraction exercises (without weights)

Push-up plus on wall – No elbow flexion > 90 degrees
Body blade
BAPS on hands
Ball on wall (arcs, alphabet)
Elliptical trainer (upper and lower extremities)
Pool walking / running – No UE resistive exercises

PHASE VI: 3-4 MONTHS POSTOPERATIVE

GOALS:

30 table push-ups
Run 2 miles at an easy pace

EXERCISES:

Continue appropriate previous exercises
PROM / mobilization as needed to regain full ROM
Light Theraband ex – IR, Adduction, Flexion, Scaption
– Continue ER, Abduction, Extension with increased resistance
Push-up progression – Wall to table to chair (no elbow flexion > 90 degrees)
Weight training with VERY LIGHT resistance (no flies or pull downs)
– No elbow flexion > 90 degrees
– Bench press
– Seated row weight machine
– Cable column
Ball toss with arm at side using light ball
UBE forwards and backwards at low resistance
Stairmaster
Treadmill – Running progression program
Pool walking / running – With UE resistance (No swimming)

PHASE VII: 4-6 MONTHS POSTOPERATIVE

GOALS:

Normal Pectoralis Major strength
Resume all activities

EXERCISES:

Continue appropriate previous exercises with increased resistance
Fitter on hands
Ball toss overhead
Push-up progression – Chair to regular
Sit-ups
Weight training with increasing resistance
– No elbow flexion > 90 degrees
– Military press, lat pull downs, flies
– Gravitron for pull-ups and dips
Swimming
Running progression to track
Transition to home / gym program

No contact sports until after 6 months post-op.

****This protocol is designed to be administered by a licensed physical therapist and/or certified athletic trainer. Please do not hesitate to contact our office should you have any questions concerning the rehabilitation process.**