

**Pectoralis Major
Tendon Repair**



Post-op protocol for ***Daniel Myer, M.D.***

Sling Use:
Week 1-4

- Immobilize in sling per physician (6-8 weeks)
- Pendulums
- Wrist and Elbow ROM
- Avoid active movements in all directions

Goals to progress to next phase:

- Decrease pain
- minimal to no edema

Phase II
Passive ROM

Weeks 4-6

- Begin PROM: avoid abduction, ER
- Scapular clocks, retraction, depression, protraction
- Scapular PNF
- Scapular mobility
- Begin table weight shifts for weight bearing through UEs
- Grade I-II (anterior, posterior, distraction) scapular mobilizations
- Stationary bike with immobilizer

Goals to progress to next Phase:

- 75-100% PROM, except ER-keep to no more than 30-40 degrees,
- sleeping through the night

Phase III
Active ROM

Week 6-8

- Initiate AAROM-progress to AROM as tolerated toward 8th week
- Can push PROM ER beyond 40 degrees
- Grade III sustained joint mobilization for scapular restriction
- Isometrics-flexion, extension, abduction, ER, horizontal abduction
- Progress scapular strengthening
- Can progress weight bearing to quadruped, tripod (1UE + 2LE)
- Avoid active adduction, horizontal adduction, IR

Goals to progress to next phase:

- 75%-100% full AAROM without pain
- AAROM flexion, abduction, ER, IR without scapular or upper trap substitution
- Tolerate PREs for scapular stabilizers
- No reactive effusion

Phase IV:	Weeks 8-12	<ul style="list-style-type: none"> • Gain full ROM through stretching and Grade III mobilizations • Active Flexion, abduction, adduction strengthening-avoid IR, flexion, horizontal adduction • Progress scapular strengthening and progress rotator cuff strengthening and avoid IR • Begin submax pectoralis strengthening • Wall pushups progressing to table pushups • Dynamic stabilization, perturbations, weight bearing planks on hands • Active ER, horizontal abduction-not to end range <p>Goals to Progress to next phase</p> <ul style="list-style-type: none"> • Full AROM • Increased strength, proprioception with exercise without an increase in symptoms
Return to activities: Phase V	Weeks 12-24	<ul style="list-style-type: none"> • Progress scapular and rotator cuff strengthening to include IR • Single arm pectoralis major strengthening-therabands then progress to dumbbell bench press with light weight/high rep, avoid wide grip and end range (ER/ABD) • Pushups-avoid humeral abduction beyond frontal plane • Progress into UE plyometrics-wall taps, chest pass • PNF D1, D2 <p>Goals to progress to next phase</p> <ul style="list-style-type: none"> • Tolerate high level of strengthening and plyometrics without an increase in symptoms • Tolerate/progress single arm strengthening Pec • No pain with strengthening activities
	Months: 6-9	<ul style="list-style-type: none"> • Discourage 1RM for bench press • Prepare for return to sport • Use of One-Arm Hop test as outcome measure for return to sport <p>Goals for return to sport: Sufficient score on functional test</p>
Phase VI		

