



GOLDEN STATE ORTHOPEDICS & SPINE

Pectoralis Major Repair Post-Operative Rehabilitation Protocol

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I: 0-4 Weeks

- **Sling Immobilizer:** Worn at all times – Sleep with pillow under elbow to support the operative arm
- **Range of Motion:** Supported pendulum exercises under guidance of PT
- **Therapeutic Exercises:** Elbow and wrist active motion (with shoulder in neutral position at the side), hand exercises, patient may ride stationary bike with operative arm in the sling

Phase II: 4-6 Weeks

- **Sling Immobilizer:** Worn at all times – Sleep with pillow under elbow to support the operative arm
- **Range of Motion:** AAROM in the supine position with wand – Goal: Forward Flexion to 90 degrees
- **Therapeutic Exercises:** Elbow and wrist active motion (with shoulder in neutral position at the side), hand exercises, shoulder shrugs/scapular retraction without resistance

Phase III: 6-8 Weeks

- **Sling Immobilizer:** May be discontinued
- **Range of Motion:** AROM in the pain free range – **No PROM**, AAROM (pulleys, supine wand, wall climb) – Goals: Forward Flexion to 120 degrees and Abduction to 90 degrees, ER to tolerance, IR and Extension (wand behind the back)
- **Therapeutic Exercises:** Elbow and wrist active motion (with shoulder in neutral position at the side), hand exercises, submaximal isometrics

Phase IV: 8-12 Weeks

- **Range of Motion:** AROM and AAROM in the pain free range – **No PROM**, Goals: Full ROM
- **Therapeutic Exercises:** Light Theraband (ER, Abduction, Extension), Biceps and Triceps PReS, Prone Scapular Retraction Exercises (without weights), Wall Push-Ups (no elbow flexion > 90 degrees)

Phase V: 3-6 Months

- **Range of Motion:** Full ROM
- **Therapeutic Exercises:** Light Theraband (ER, Abduction, Extension) with increasing resistance, May start light weight training at 4.5 months post-op (no flies or pull downs), Regular Push-Ups
- **Return to athletics at 6 months post-op**

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____

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