

Pectoralis Major Repair Postoperative Protocol

Phase I: Weeks 0-2

- Sling: Sling immobilization for 2 weeks
- Range of Motion: Passive rest for full 2 weeks
- Therapeutic Exercises: No exercise until end of 2nd week

Phase II: Weeks 3-6

- Sling: Wean out sling immobilizer during week 3
- Range of Motion: Begin Passive ROM
 - External rotation to 0 – Increasing 5° per week
 - Forward flexion to 45° – Increasing 5-10° per week
 - Week 3: Begin abduction to 30° – increasing 5° per week
 - Week 5: Flexion to 75°, abduction to 35°, external rotation to 15° (at 0° of abduction)
- Therapeutic Exercises
 - Gentle isometrics to shoulder/arm EXCEPT pectoralis major
 - Scapular isometric exercises
 - Gentle submaximal isometrics to shoulder, elbow, hand, and wrist beginning week 5
 - Active scapular isotonic exercises beginning week 5

Phase III: Weeks 6-12

- Range of Motion: Continue passive ROM to full ROM
 - Full shoulder ROM by week 12
- Therapeutic Exercises
 - Continue gentle sub maximal isometrics progressing to isotonic
 - Begin sub maximal isometrics to pectoralis major in a shortened position progressing to neutral muscle tendon length (avoid isometrics in full elongated position)
 - Progressive resistive exercises – isotonic machines beginning week 8
 - Theraband exercises beginning week 8
 - Scar mobilization techniques beginning week 8
 - Week 12: Progress strengthening exercises: isotonic dumbbells, two-handed sub maximal plyometrics

Phase IV: Weeks 12-16+

- Gradual return to athletic activity as tolerated
- Continue to progress functional activities of the entire upper extremity
- Gradually work up to 50% of 1 RM over next month (start VERY LIGHT)
 - Avoid bench press motion with greater than 50% of prior 1 repetition max (RM)
 - Stay at 50% of prior 1 RM until 6 months post op, then progress slowly