**Pectoralis Major Repair Physical Therapy Protocol**

Phase I: Immediate Post-operative “Restrictive Motion” (Weeks 0 to 6)

**Goals**

**•** Protect anatomic repair

**•** Prevent negative effects of immobilization

**•** Diminish pain and inflammation

**Brace**

• Discontinue use after six weeks unless otherwise advised by Dr. Rolf

• Sleep in immobilizer for six weeks

Weeks 0 to 2

**Range of Motion**

**• Week 1**

• Flexion: 60 degrees

• External rotation: neutral

• Internal rotation: as tolerated

**• Week 2**

• Flexion: 75 degrees

**Exercises**

**• No active internal rotation**

**• Avoid passive and active abduction**

• Elbow/wrist/hand exercises

• Passive and gentle active assistive range of motion exercises per guidelines above

• Cryotherapy and modalities for pain and inflammation every hour for 20 minutes

Weeks 3 to 4

**Range of Motion**

**• Week 3**

• Flexion: 90 degrees

• External rotation: 10 to 1 degrees

• Abduction: 30 degrees

**Exercises**

• Continue passive and gentile active assistive range of motion exercises per guidelines above (may add abduction passive range of motion)

• Continue cryotherapy for pain management

Weeks 5 to 6

**Range of Motion**

**• Week 5**

• Flexion: 145 degrees

• External rotation: 15 to 30 degrees

• Abduction: 45 degrees

**Exercises**

• Continue passive and gentile active assistive range of motion exercises per guidelines above

• Initiate isometrics (no internal rotation)

• Initiate “full can” exercises (weight of arm)

• Continue cryotherapy for pain management

Phase II: Intermediate Post-operative “Moderate Protection” (Weeks 7 to 12)

**Goals**

**•** Gradually restore full range of motion

**•** Preserve the integrity of the surgical repair

**•** Restore muscular strength and balance

Weeks 7 to 9

**Range of Motion**

**• Week 7**

• Flexion: 180 degrees

• External rotation: 30 to 70 degrees

• Internal rotation: 70 to 75 degrees

• Abduction: 90 degrees

**• Week 8**

• External rotation: 90 degrees

• Abduction: 120 degrees

**Exercises**

• Continue passive and gentile active assistive range of motion exercises per guidelines above

• Continue to progress isotonic strengthening program

Weeks 10 to 12

**Range of Motion**

**• Week 10**

• Progress to full range of motion

**Exercises**

• Progress to full range of motion

• May initiate slightly more aggressive strengthening (no pectoralis major strengthening)

• Progress isotonic strengthening exercises

• Continue all stretching exercises (progress range of motion to functional demands)

• Continue all strengthening exercises

Phase III: Minimal Protection (Weeks 12 to 24)

**Criteria to Progress to Phase III**

• Full, non-painful range of motion

• Satisfactory muscle strength

• No pain or tenderness

**Goals**

* Establish and maintain full range of motion
* Improve muscular strength, power and endurance
* Gradually initiate functional activities

Weeks 12 to 16

**Exercises**

• Continue strengthening exercises

• May begin light resisted internal rotation

• Progress to a “push up” by week 16

• Restricted sport activities (light swimming, half golf swings)

Weeks 16 to 24

**Exercises**

• Continue all exercises listed above

• Continue all stretching

• Gradually increase functional activities

Phase IV: Return to Activity (Months 6 to 9)

**Criteria to Progress to Phase IV**

**•** Full functional range of motion

**•** Good muscular performance

**•** No pain or tenderness

**Goals**

**•** Gradual return to sport activities

**•** Maintain strength, mobility and stability

**Exercises**

• Gradually progress sport activities to unrestrictive participation

• Continue with stretching and strengthening programs

**Please email Dr. Rolf with any questions!**

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