

Sports Rehabilitation & Performance Center Pectoralis Major Repair Guidelines© *

The following Pectoralis Major repair guidelines were developed by the Sports Rehabilitation and Performance Center staff at Hospital for Special Surgery. Progression is both criteria-based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression.

Follow physician's modifications as prescribed

POST – OPERATIVE PHASE I (WEEKS 0-4)

GOALS:

- ROM:
 - FF to 120° with arm adducted
 - Full Distal ROM
 - ER to 0°
- Initiate Distal Strengthening
- Minimize pain and edema

Emphasize:

- Protection of surgical tissue
- No horizontal abduction or external rotation

PRECAUTIONS:

- Sling 4-6 weeks when not exercising
- No humeral extension behind mid-line of body
- No resisted internal rotation
- No resisted horizontal adduction

TREATMENT RECOMMENDATIONS:

- POD #1 gentle passive ROM in supine to 90°, ER to 0°
- Generous use of ice
- Supine therapist assisted PROM
- Supine patient AAROM
- Pendulums, Distal AROM
- Wrist curls
- Bicep/Tricep strengthening at 4 weeks
- TENS with ice

POST – OPERATIVE PHASE II (WEEKS 4-8)

GOALS:

- Wean from use of sling at 6 weeks
- Restore full passive FF
- Restore ER to 60° by 8 weeks



Sports Rehabilitation & Performance Center Pectoralis Major Repair Guidelines© *

- Restore normal scapular stability and scapulohumeral rhythm
- Increase strength
- Increase endurance

TREATMENT RECOMMENDATIONS:

- Continue phase I exercises as appropriate
- Supine therapist assisted PROM
- Patient A/AAROM
- Manual scapular exercises in sidelying
- Active scapular retraction in seated or standing
- Scapular retraction with elastic bands (week 6)
- Physioball stabilization exercise (week 6)
- Hydrotherapy (week 6)
 - AAROM FF, gentle IR/ER, gentle row with flotation devices
- Isometric deltoid strengthening: anterior, posterior, and middle
- Manually resisted isometric IR and ER (week 6)
- Upper body ergometry (week 6)
- Sub max wall isometric IR and ER (week 7-8)

PRECAUTIONS:

- No active adduction
- Avoid pain with therapeutic exercise & functional activities
- No humeral extension posterior to midline

POST – OPERATIVE PHASE III (WEEKS 8-12)

GOALS:

- Restore Full ROM
- Improve scapular strength
- Improve rotator cuff strength
- Initiate light resistive muscle strengthening exercises

TREATMENT RECOMMENDATIONS:

- Wand exercises
- Pulleys
- Serratus punch, seated row (arc)
- Rotator cuff strengthening with elastic bands
- Dumbbell press (light weights)

- Wall pushup
- Horizontal Adduction (flys)

PRECAUTIONS:

- Avoid pain with therapeutic exercise & functional activities
- No humeral extension posterior to midline

POST – OPERATIVE PHASE IV (WEEKS 12-20)

Sports Rehabilitation & Performance Center Pectoralis Major Repair Guidelines© *

GOALS:

- Increase flexibility
- Increase strength

TREATMENT RECOMMENDATIONS:

- Gentle pectoral stretches
- Continue pectoralis strengthening (dumbbell press, chest press, flys, push-ups)
- Continue scapular strengthening
- PNF diagonal patterns (D1 and D2 flexion and extension)
- Initiate plyometric program

PRECAUTIONS:

- Avoid pain with therapeutic exercise & functional activities
- Avoid sport activity till adequate strength development and MD clearance

POST – OPERATIVE PHASE V RETURN TO SPORT (WEEKS 20 - ?)

GOALS:

- Return to gym program
- Sports specific activities depending on sport

TREATMENT RECOMMENDATIONS:

- Continue to advance UE strengthening and flexibility
- Advance plyometric program

PRECAUTIONS:

- Avoid high weight, low repetition bench pressing
- Avoid sport activity till adequate strength development and MD clearance