



## Pectoralis Major Tendon Repair

<u>Postop</u>	<u>Goals</u>	<u>Range of Motion</u>	<u>Sling</u>	<u>Exercises</u>
<b>Phase I</b> <b>Weeks 0-6</b> PT 1-2x/week HEP daily	Edema and pain control Protect surgical repair	<b>0-3 weeks: NONE</b>  <b>3-6 weeks:</b> Begin PROM Limit - 90° flexion - 45° ER - 20° extension - 45° abduction	Non weight bearing  Sling: <b>0 – 2 weeks:</b> - At all times day and night - Off for hygiene and gentle exercises  <b>2 - 6 weeks:</b> - daytime only	<b>0 – 2 weeks:</b> - Elbow/wrist ROM, grip strengthening  <b>2-6 weeks:</b> - Begin PROM activities - Limit 45° ER, 45° abduction - Codman's, posterior capsule mobilizations - Avoid stretch of anterior capsule
<b>Phase II</b> <b>Weeks 6-12</b> PT 2-3x/week HEP daily		Begin A/AROM PROM to tolerance  Goals: - Full ER - 135° flexion - 120° abduction	None	<b>No resisted IR/ Adduction</b>  Continue Phase I work; begin active-assisted exercises, deltoid/rotator cuff isometrics at 8 weeks  Begin resistive exercises for scapular stabilizers, biceps, triceps, and rotator cuff; initiate closed chain scapula
<b>Phase III</b> <b>Weeks 12-16</b> PT 2-3x/week HEP daily		Gradual return to full AROM	None	Advance activities in Phase II Emphasize external rotation and latissimus eccentrics, glenohumeral stabilization Plank/push-ups @ 16 weeks Begin muscle endurance activities (upper body ergometer) Cycling/running ok at 12 weeks
<b>Phase IV</b> <b>4-5 Months</b> PT 1-2x/week HEP daily	Pain Free  Maintain ROM and flexibility	Full	None	Aggressive scapular stabilization and eccentric strengthening  Begin plyometric and throwing/racquet program, continue with endurance activities
<b>Phase V</b> <b>5-7 Months</b> PT 1x/week HEP daily	Pain Free	Full	None	Progress Phase IV activities, return to full activity as tolerated