

# Pectoralis Major Repair



# **Physical Therapy Prescription**

\*\*\*Please fax progress notes to Advanced Orthopedics & Sports Medicine at 720-895-1121\*\*\*

Name: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

Diagnosis: R / L Pectoralis Major Repair

Frequency: 2-3 times per week for \_\_\_\_\_ weeks, Therapy to start 3-5 days after surgery

## Phase I (weeks 0-3)

- Protect healing repaired tissue, Decrease pain and inflammation
- Establish limited range of motion (ROM), avoid active Abduction, FE, and ER
  - External rotation to 0 beginning 2nd week—increasing 5 degrees/week
    - Forward flexion to 45 degrees—increasing 5-10 degrees/week
- No exercise until end of 2nd week
- Sling immobilization at all times except for bathing and changing clothing

## Phase II (weeks 3-6)

- Wean out of sling immobilizer
- Continue passive ROM per guidelines
- Begin abduction to 30 degrees—increasing 5 degrees/week
- Begin gentle isometrics to shoulder/arm EXCEPT pectoralis major
- Scapular isometric exercises

## Week 6:

- Gentle submaximal isometrics to shoulder, elbow, hand, and wrist
- Active scapular isotonic exercises
- Passive ROM per guidelines
- Flexion to 75 degrees; Abduction to 35 degrees; External rotation at 0 degrees of abduction to 15 degrees

# Phase III (weeks 6-12)

- Progress to full passive ROM
- Periscapular strengthening
- Avoid active horizontal Adduction, IR

Week 6:

- Continue gentle sub-maximal isometrics progressing to isotonics
- Begin sub-maximal isometrics to pectoralis major in a shortened position progressing to neutral muscle tendon length
- Avoid isometrics in full elongated position

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#### Phase III cont. (weeks 6-12)

Week 8:

- Gradually increase muscle strength and endurance
- Upper body ergometer
- Progressive resistive exercises (isotonic machines)
- Thera band exercises
- PNF diagonal patterns with manual resistance
- May use techniques to alter incision thickening
- Scar mobilization techniques
- Ultrasound to soften scar tissue

Week 12:

- Full shoulder ROM Shoulder flexion to 180 degrees
- Shoulder abduction to 180 degrees
- Shoulder external rotation to 105 degrees
- Shoulder internal rotation to 65 degrees
- Progress strengthening exercises
- Isotonic exercises with dumbbells
- Gentle 2-handed sub maximal plyometric drills:
  - Chest pass
  - Side-to-side throws
  - BodyBlade
  - Flexbar Total arm strengthening

## Phase IV (weeks 12-26+)

Goals:

- Full ROM and flexibility
- Increase muscle strength and power and endurance
- Gradually introduce sporting activities
- Push-ups, low-weight high rep dumbbells by 6 months
- Full activity by 9-12 months

#### Exercise:

- Continue to progress functional activities of the entire upper extremity
- Avoid bench press motion with greater than 50% of prior 1 repetition max (RM)
- Gradually work up to 50% of 1 RM over next month.
- Stay at 50% prior 1 RM until 6 months post-operative, then progress to full slowly after 6 month time frame

#### Criteria for discharge:

- 1. Full, pain free range of motion
- 2. Strength is equal bilaterally
- 3. Has met specific functional/activity goals
- 4. Has been cleared by physician