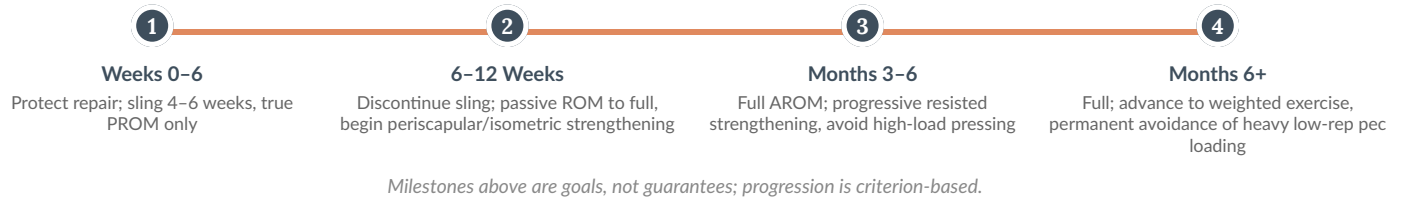


PT PROTOCOL

Pectoralis Major Repair

Rehabilitation Protocol



Phase 1 Weeks 0–6

Sling: Worn at all times except for showering and rehab under the guidance of PT, for 4–6 weeks (duration determined by the surgeon based on repair tension).

Range of Motion

- True passive range of motion only, to patient tolerance.
- Goal: 130° of forward flexion in the adducted position.
- Avoid active abduction, forward flexion, and external rotation.

Therapeutic Exercises

- Codman exercises/pendulums.
- Neck, elbow, wrist, and hand range of motion.
- Ice before and after physical therapy sessions.

Phase 2 Weeks 6–12

Sling: Discontinue.

Range of Motion

- Gentle passive range of motion to pain tolerance. Goal: full passive range of motion.
- No active internal rotation or adduction, to allow the repair to fully heal.

Therapeutic Exercises

- Begin periscapular strengthening and isometric strengthening exercises.
- Modalities per PT discretion.

Phase 3 Months 3–6

Range of Motion

- Progress to full active range of motion without discomfort.

Therapeutic Exercises

- Continue scapular strengthening and Phase 2 exercises.
- Progressive, resisted strengthening exercises, including horizontal adduction, shoulder adduction, internal rotation, and forward elevation, using bands and pulleys.
- Avoid dips, push-ups, bench press, flies, or military press.
- Modalities per PT discretion.

Range of Motion

- Full range of motion without discomfort.
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Therapeutic Exercises

- Advance strengthening with light weights and high repetitions for dumbbell bench press and push-ups.
- At 9–12 months, may return to full activities, including weighted exercise.
- Avoid heavy-weight, low-repetition exercise involving the pectoralis major muscle indefinitely, particularly flat barbell bench press.
- Modalities per PT discretion.