Pectoralis Major Tendon Repair

J. Chad Joyce, PT Update: September, 2016

A. PROM phase (0-4 weeks)
   1. Abduction sling
   2. Frequent cryotherapy and modalities as indicated
   3. Restrictions: at all times avoid loading Pect Tendon repair, i.e. forced ER or H-Abd

      0-2 weeks
      a. ER (0): 20-30° range
      b. Abd: 90°
      c. Flex: gentle to tolerance

      2-4 weeks: PROM gentle and to tolerance unless physician directs otherwise
   4. Exercise
      a. PROM for glenohumeral joint
      b. Pendulums and shrugs
      c. AROM for elbow and distal joints
      d. Sub-maximal, pain free isometrics (no Abd. or ER)

B. AAROM phase (4-6 weeks)
   1. Sling – Wean from pillow
   2. Continue cryotherapy and modalities as indicated
   3. Exercise
      a. AAROM for glenohumeral joint
      b. Continue PROM as indicated

C. AROM phase (6-8 weeks)
   1. Wean from sling
   2. Continue cryotherapy and modalities as indicated
   3. Exercise
      a. AROM for glenohumeral joint
      b. Focus on restoration of normal arthrokinematics
      c. Light PRE: Row, Bicep, Shrug

D. Light Strength phase (8 weeks)
   1. Progressive OKC and CKC gym styled program
   2. Only light, progressive loads to Pect Tendon repair

E. Progressive Strength phase (12 weeks)
   1. Progressive OKC and CKC gym styled program
   2. Progressive, more goal oriented loads to Pect Tendon repair

F. Sport specific progressions – physician cleared
   1. Golf progression ≈ 14 weeks post-op
   2. Throwing progression ≈ 16 weeks post-op