

Pectoralis Major Repair Rehabilitation Protocol

Goals Post-Surgery:

- Maintain structural integrity of repaired soft tissues.
- Gradually restore full functional range of motion.
- Restore full dynamic muscle control and stability.
- Return of full unrestricted upper extremity activities including activities of daily living and recreation/sporting athletic endeavors.

Following Surgery:

- Expect arm to be placed in sling x 6 weeks (even while sleeping).
- Elevate and ice for at least 3 days.
- Continue to elevate (above your heart) as often as possible until your next clinic visit.
- Shower with a plastic bag covering the splint and seal with tape.
- Take your pain medicine as needed and as prescribed. Call if any problems or questions arise.

1-14 Days Post Op:

- Initiate hand squeezing exercises.
- Initiate elbow, forearm, and wrist/hand, active range of motion (AROM) with shoulder in neutral position at side.
- Stationary aerobic exercise (must wear immobilizer).

GOALS – Pain Control and Protection.

14 days to 4 weeks Post Op:

- Follow up appointment in clinic with PA at 10-14 days.
- Sutures will be removed by office or therapist, Steristrips applied.
- Therapist will address edema control and scar management (Vitamin E or aloe). Within 48 hrs of suture removal, scar massage with lotion may be initiated.
- Continue sling until 6 weeks.

Therapy: Add supported/passive pendulum exercises. Passive ROM taken to neutral external rotation and allowed to begin increasing 5° per week. Forward flexion passively taken to 45° increasing 5-10° per week. AROM for elbow, forearm, and wrist/hand only.

GOALS – Pain Control and Protection.

4-6 Weeks Post Op:

- Follow up appointment in clinic with Surgeon or PA at 6 weeks.
- Continue sling until 6 weeks.

Therapy: Add shoulder shrugs, scapular retraction without resistance. Add active assisted range of motion (AAROM) and gentle submaximal isometric. Shoulder abduction at 30° increasing 5° per week, with abduction and external rotation performed last. Continue stationary aerobic exercise.

GOALS – Continued progression of ROM, enhanced neuromuscular control, and increased muscular strength.

Note: These instructions are to serve as guidelines and are subject to Physician discretion. Actual progress may be faster or slower depending on the individual.



6-8 Weeks Post Op:

- Discharge sling at 6 weeks.
- Advanced strengthening phase may begin.
- **Therapy:** AROM in pain-free range as tolerated. AAROM (pulleys, supine wand, wall climb) – flexion > 90°, abduction and external rotation to tolerance, internal rotation and extension to tolerance. Submaximal isometrics. Aerobic as tolerable with lower extremities only.

GOALS – Achieving and maintaining full shoulder mobility, both actively and passively, and gradually increasing muscular strength and endurance.

8-12 Weeks Post Op (Therapy):

- Follow up appointment in clinic with Surgeon or PA at 12 weeks.
- AROM, AAROM through full range of motion.
- Light Theraband exercises: external rotation, abduction, extension.
- Biceps and triceps PREs
- Prone scapular retraction exercises (without weights)
- Pushups on the wall – no elbow flexion greater than 90°.
- Aerobic exercises (may add light upper extremities)

GOALS – Full AROM.

4-6 Months Post Op:

GOALS - Regain full normal pectoralis major strength. Resume all activities.