

**Pectoralis Major Repair Rehabilitation Protocol**

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0-6	<ul style="list-style-type: none"> Protect surgical site Decrease pain and inflammation PRICE principles Maintain integrity of repair Improve scapular mechanics 	<ul style="list-style-type: none"> No lifting of any object Wear immobilizer with bolster except for hygiene and exercise performance (6 weeks) No ROM x 2 weeks 	<ul style="list-style-type: none"> Active assisted range of motion of elbow, wrist and hand. Scapular retraction Week 2-3: Core training may be initiated Cryotherapy: 5-7times per day Begin Passive shoulder ROM at 2 weeks <ul style="list-style-type: none"> Supine FF to 90 degrees, ER to 30 degrees
Weeks 6-12	<ul style="list-style-type: none"> Maintain integrity of repair Progress PROM Initiate AAROM to AROM <ul style="list-style-type: none"> Goals at week 12: <ul style="list-style-type: none"> Full ER 135° flexion, 120° abduction Normal scapular mechanics at week 12 Improve muscle activation Improve motor control 	<ul style="list-style-type: none"> Sling worn for comfort beginning week 6, wean as tolerated Do not force motion No weight bearing through involved shoulder No resisted IR or adduction Keep all strengthening exercises below the horizontal plane 	<ul style="list-style-type: none"> Week 6: PROM in all planes as tolerated. Week 8: AAROM initiated and advanced to AROM as tolerated Week 8: Shoulder isometrics may be initiated Week 8: Begin resistive exercises for: scapular stabilizers, biceps, triceps, and rotator cuff. (below horizontal plane) Week 8: Core/LE training <ul style="list-style-type: none"> Single plane/multi joint exercises Balance/proprioception Week 6: FOTO, QuickDASH
Weeks 12-16	<ul style="list-style-type: none"> Maintain integrity of repair Progress RTC exercises Progress scapular stabilizer strengthening Full range of motion without compensation 	<ul style="list-style-type: none"> Do not force motion No weight bearing through involved shoulder 	<ul style="list-style-type: none"> Advancement to isotonic exercise program per tolerance in all planes Week 12: Begin muscle endurance exercise on upper body ergometer Week 12: Cycling and Running permitted
Weeks 16-24	<ul style="list-style-type: none"> Address any remaining asymmetries in strength, endurance and movement patterns Initiation of power development in athletes 	<ul style="list-style-type: none"> May begin loading through shoulder and initiate push-ups and bench press Avoid aggravation of repair Continue with low impact activity 	<ul style="list-style-type: none"> Continue with multiplane strength and initiate multiplane stretching. <ul style="list-style-type: none"> Avoid aggravation of repair Advance proprioception exercises Anaerobic and aerobic interval training (low impact) Week 16: Core/LE training <ul style="list-style-type: none"> Light loading through shoulder begins Multi plane/multi joint exercises Balance/proprioception Week 20: Initiate plyometric activity Week 20: Initiate interval sports program <ul style="list-style-type: none"> Met strength and mobility goals Begin throwing program, running program, golf program Week 16: HHD testing (per MD)
Weeks >24	<ul style="list-style-type: none"> Initiate return to sport progression Initiate plyometric exercise 	<ul style="list-style-type: none"> Focus on form and control during exercise performance Use of appropriate work rest 	<ul style="list-style-type: none"> Low level sport specific activity, progressing to higher demand activity Continue with Anaerobic and aerobic interval



progression

- Initiate higher level impact activity

intervals

- Assess tolerance to activity during, after and at 24 hours after activity
- No lifting greater than 50% pre op 1RM until 6 months post op

training

- Continue with core stability
- Stability in all planes of motion
- Progress plyometric activities
- Week 24: FOTO, QuickDASH

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process.
Each patient's progress may vary based on specifics of their injury and procedure.



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