

Rehabilitation Protocol: Pectoralis Major Repair



Hospital for Joint Diseases
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Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-4)

- **Sling Immobilizer:** Worn at all times; sleep with pillow under arm to support the operative arm
- **Range of Motion:** Supported pendulum exercises under supervision of PT
- **Therapeutic Exercises:** Elbow and wrist active range of motion with shoulder in neutral position with the arm at the side, hand exercises, stationary bicycle with operative arm in sling immobilizer

Phase II (Weeks 4-6)

- **Sling Immobilizer:** Worn at all times; sleep with pillow under arm to support the operative arm
- **Range of Motion:** AAROM in supine position with wand. Goal: 90 degrees forward flexion.
- **Therapeutic Exercise:** Elbow and wrist active range of motion with shoulder in neutral position with the arm at the side, hand exercises, shoulder shrugs/scapular retraction without resistance

Phase III (Weeks 6-8)

- **Sling Immobilizer:** May be discontinued
- **Range of Motion:** AROM in the pain-free range. **No passive ROM.** AAROM (pulleys, supine wand, wall climbs). Goals: Forward elevation to 120 degrees, Abduction to 90 degrees, ER to tolerance, IR and extension (wand behind the back)
- **Therapeutic Exercise:** Elbow and wrist active range of motion with shoulder in neutral position with the arm at the side, hand exercises, submaximal isometrics

Phase IV (Weeks 8-12)

- **Range of Motion:** AROM and AAROM in the pain-free range. **No passive ROM.** Goals: Full ROM.
- **Therapeutic Exercise:** Light Theraband (ER, Abduction, Extension), Biceps & Triceps PREs, prone scapular retraction exercises (without weights), wall push-ups (no elbow flexion >90 degrees)

Phase V (Months 3-6)

- **Range of Motion:** Full ROM.
- **Therapeutic Exercise:** Theraband (ER, Abduction, Extension) with increasing resistance, begin light weight training at 4.5 months post-op (no flies or pull-downs), regular push-ups
- **Return to unrestricted activity/sports at 6 months at discretion of MD**

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____