



Pectoralis Major Repair Rehabilitation Protocol

Phase 1 (0-6 weeks post-op)

Rehabilitation Goals

Protect the surgical repair & avoid a “stiff” shoulder

PRECAUTIONS

NO active use of arm x 2 weeks post-op- must **ALWAYS** wear sling, even while sleeping

Sling

After 2 weeks post-op, may d/c sling in “safe” environment, lifting **NO** more than 1 pound – (i.e., eating, drinking, brushing teeth, etc.)

Wound

- Post-op dressing remains intact until post-op day #3 (~72 hours after surgery)
- May begin showering after post-op day #3 (no need to cover incision site)
- **Do NOT** submerge shoulder in tub or pool for 4 weeks
- Suture/staple removal @ 10-14 days per Ortho/PT
- Begin scar massage after incision site sloughs/scar is formed

Rehabilitation

- Note: Exercise prescription is dependent upon the tissue healing process and individual functional readiness in all stages. If any concerns or complications arise regarding the progress for any patient, physical therapy will contact the orthopedic surgeon.
- Start with the following exercises: (10-20 repetitions, 3-4 x daily)



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Pectoralis Major Repair Rehabilitation Protocol

Phase 1 (0-6 weeks post-op)

Week 1-2

Modified Pendulum: (Done in the sling.) While supporting the affected arm with the unaffected hand, move the shoulder forward, backward, side to side and in clockwise and counterclockwise directions. Progress to full pendulum after 7-10 days.

Supine Assisted Shoulder Flexion: Lie on back with arm down at side and thumb pointed towards the ceiling. Use unaffected hand to grasp the wrist of the affected arm and slowly raise it until a point of mild discomfort.

Elbow, Wrist, & Hand: Perform elbow and wrist flexion, extension, pronation, and supination while holding the shoulder in a neutral position at side. For the hand, use a foam ball, newspaper, or therapy putty to squeeze repetitively.

Week 3-4

Scapular Retraction & Protraction: Gently “pinch” shoulder blades together. Hold for 5 seconds and relax. Then spread shoulder blades apart. Hold for 5 seconds and relax.

Aerobic Conditioning on Recumbent Bike: *Sling must be worn*

Gentle (“Two Finger”) Isometrics: Use the unaffected hand to provide very light, pain free resistance (6 directions)

Lower Extremity Weight Lifting: May begin leg & calf press, hamstring curls, hip add/abd

Follow-Up+

Supervised rehabilitation: 1-2 x per week as needed



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Pectoralis Major Repair Rehabilitation Protocol

Phase 2 (7-12 weeks post-op)

Rehabilitation Goals

Full shoulder range of motion and pain-free acts of daily living

PRECAUTIONS

- **NO** pushups, heavy lifting, or other sports participation
- **NO** repetitive overhead use of the shoulder

Sling

Wean from wearing sling/immobilizer per ortho/PT guidance

Rehabilitation

- Continue phase I exercises as needed
- Progress to the following exercises and increase intensity gradually when patient is ready (i.e., no increase in shoulder pain or stiffness since the previous exercise session)
- *Note: all strengthening should be done, starting with low weights, high repetitions, and in a painless ROM*



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Pectoralis Major Repair Rehabilitation Protocol

Phase 2 (7-12 weeks post-op)

Week 7-8

- Upper body cycle: begin with three 1-min sets (forwards and backwards) progress gradually
- Shoulder AROM and AAROM exercises: Wand, pulley, towel stretch, sleeper's stretch, etc.
(No PROM into shoulder elevation or horizontal abduction)
- Aerobic Conditioning: Bike, elliptical (legs only), stair-master as desired

Week 9-12

- Beginning level neuromuscular/functional training exercises (see appendix)
- Beginning level shoulder stabilization exercises (see appendix)
- May begin jogging (start with 5 minutes and progress gradually as tolerated)
- Progressive strengthening: ER & IR with arm at side, FF & scaption to 60-90°, prone rows
(first set: 20 repetitions, then 1 additional set at the same weight to muscle failure)

Follow-Up

Physical Therapy

Supervised rehabilitation: 2-3 x per week as needed



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Pectoralis Major Repair Rehabilitation Protocol

Phase 3 (4-6 months post-op)

Rehabilitation Goals

Pushups at own pace without pain
> 90% internal/external rotation strength return

PRECAUTIONS

- **NO** participation in contact/collision sports or military schools until 9 months post-op
- High-weight, low-repetition barbell bench pressing is discouraged indefinitely

Rehabilitation

- Continue phase II exercises as needed
- Progress to the following exercises and increase intensity gradually when patient is ready (i.e., no increase in shoulder pain or stiffness since the previous exercise session)
- *Note: all strengthening should be done, starting with low weights, high repetitions, and in a painless ROM*



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Pectoralis Major Repair Rehabilitation Protocol

Phase 3 (4-6 months post-op)

Week 13-16

- Warm-up: 5-10 minutes on upper body cycle
- General upper quarter stretching: 5-10 minutes (shoulder, thoracolumbar spine)
- Progressive strengthening: ER/IR with shoulder in 30° elevation, FF/scaption to 60-90°, rows (first set: 15 reps, then 2 additional sets at the same weight to muscle failure)
- Intermediate level neuromuscular/functional training exercises (see appendix)
- Intermediate level shoulder stabilization exercises (see appendix)

Week 17-26

- Progressive strengthening: ER/IR with shoulder in 45-90° elevation, FF/scaption to 90-120°, (first set: 10-15 reps, then 2 additional sets at the same weight to muscle failure)
- May also begin general light intensity strengthening with shoulder in “safe” position (avoid heavy overhead lifting, avoid shoulders in the 90° elevation, 90° ER position)
- Intermediate/advanced level neuromuscular/functional training exercises (see appendix)
- Intermediate/advanced level shoulder stabilization exercises (see appendix)
- Progressive sports training: Begin at 25-50% intensity, progress gradually (see appendix)

Follow-Up

PT:

Supervised rehabilitation: 1-2 x per week as needed

Miscellaneous

- After 6 months post-op: Exercises in phase III are continued, gradually increasing intensity & duration as tolerated.
- The recommendation is to wait until 9-12 months post-op to return to contact/collision sports. This time period may be adjusted slightly by the surgeon and therapist according to patient progress.



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