



DR. HENNIGAN

PECTORALIS MAJOR REPAIR

Date: 9/2/2020

PHASE I: Protective Phase

0-2 WEEKS:

GOALS:

- Patient to be compliant with prescribed activity modifications, precautions, and home exercise program to allow for proper healing of repaired tissue.
- Patient to maintain a clean, dry suture line to promote healing and wound closure without infection.

SLING:

- Shoulder immobilizer at all times except hygiene

PRECAUTIONS:

- No shoulder ROM

EXERCISES:

- Elbow, FA, wrist AROM, grip as tolerated
- No shoulder ROM

2-6 WEEKS POST OP:

PRECAUTIONS:

- Avoid shoulder extension
- No active or AAROM at the shoulder

SLING:

- Continue sling at all times except hygiene and exercise

Exercises:

- Initiate PROM to the shoulder starting at:
 - Flexion to 90 degrees
 - ER to 30 degrees
 - May gradually increase, but do not push end ranges until 6+ weeks
- Initiate submaximal isometrics to RTC and deltoid
- Postural correction, engagement of scapular stabilizers
- Scar mobilization

PHASE II:

6-8 WEEKS POST OP:

SLING:

- Discontinue sling

EXERCISES:

- Once able to complete full PROM, initiate AAROM in all planes.
- Address capsule limitations with joint mobilization and stretching.
- Progress scapular stabilization

8-12 WEEKS:

PRECAUTIONS:

- No bench press
- Avoid resistance to IR

EXERCISES:

- Initiate AROM in all planes
- Initiate RTC isotonic strengthening (avoiding IR until 12 weeks)
- Progress scapular stabilization and improve scapulohumeral rhythm
- Focus on low weight, high rep strengthening

PHASE III:

12-26 WEEKS POST-OP:

GOALS:

- Patient to demonstrate full PROM and AROM
- Patient does not have significant glenohumeral joint capsular restrictions
- Patient demonstrating solid RTC and scapular strength

PRECAUTIONS:

- Light bench press allowed at 16 weeks

EXERCISE PROGRAM:

- Progress strengthening as needed
- **Consider return to sport at 24 weeks pending surgeon approval**