



**REHABILITATION GUIDELINES
PECTORALIS MAJOR TENDON REPAIR**

PHASE I: 2-4 WEEKS

DOS:

Exercises	<ul style="list-style-type: none"> • Immobilize in sling per physician (4 weeks) • Avoid active movement in all directions • Pendulums • Wrist and elbow ROM • PROM: ER to 0 degrees in neutral Flex to 45 degrees • Increase ER 5 degrees/wk, Flex 5-10 degrees/wk <ul style="list-style-type: none"> ○ ER not to exceed 30 degrees for the first 6 weeks
Goals to Progress to Next Phase	<ol style="list-style-type: none"> 1. Decrease pain 2. Minimal to no edema

PHASE II: 4-6 WEEKS

DATE:

Exercises	<ul style="list-style-type: none"> • PROM: add abduction to 30 degrees increase 5 degrees/wk • Scapular clocks, retraction, depression, protraction • Scapular PNF • Scapular mobility • Begin table weight shifts for weight bearing through UEs • Grades I-II (anterior, posterior, distraction) oscillatory joint mobilizations • Stationary bikes with immobilizer • Submaximal Isometrics (except IR) at 5 weeks
Goals to Progress to Next Phase	<ol style="list-style-type: none"> 1. PROM: Flexion 85 degrees Abduction 40 degrees ER 0 degrees with 15 degrees of abduction <ul style="list-style-type: none"> • ER not to exceed 30 degrees for the first 6 weeks

PHASE III: 6-8 WEEKS

DATE:

Exercises	<ul style="list-style-type: none"> • Avoid active adduction, horizontal adduction, IR • Initiate AAROM- progress to AROM as tolerated toward 8th week • Can push PROM ER beyond 40 degrees • Grade III sustained joint mobilizations for capsular restriction • Isometrics-flexion, extension, abduction, ER, horizontal abduction • Progress weight bearing to quadruped, tripod (1 UE + 2 LE)
Goals to Progress to Next Phase	<ol style="list-style-type: none"> 1. 75% PROM without pain 2. AAROM flexion, abduction ER, IR without scapular or upper trap substitution 3. Tolerate PRE's for scapular stabilizers and shoulder complex 4. No reactive effusion

PHASE IV: 8-14 WEEKS**DATE:**

Exercises	<ul style="list-style-type: none"> • AVOID: IR/flexion/horizontal adduction • No strengthening for 12 weeks • Gain full ROM through stretching and grade III mobilizations • Progress scapular strengthening and progress rotator cuff strengthening avoiding IR • Begin submax pectoralis strengthening • Wall pushups progressing to table pushups, uneven surfaces • Dynamic stabilization, perturbations, weight bearing planks on hands • Active ER, horizontal abduction- not to end range
Goals to Progress to Next Phase	<ol style="list-style-type: none"> 1. Full AROM 2. Increased strength, proprioception with exercise without an increase in symptoms

PHASE V: 14-24 WEEKS**DATE:**

Exercises	<ul style="list-style-type: none"> • Progress scapular and rotator cuff strengthening- including IR • Single arm pectoralis major strengthening- therabands then progress to dumbbell bench press with light weight/high reps, avoiding a wide grasp, and end range ER/ABD • Pushups- avoiding humeral abduction beyond frontal plane • Progress into UE plyometrics- eg. Wall taps, chest press (bilateral) • PNF D1, D2
Goals to Progress to Next Phase	<ol style="list-style-type: none"> 1. Tolerate high level of strengthening and plyometrics without an increase in symptoms 2. Tolerate/progress single arm strengthening of pec 3. No pain with any strengthening activities

PHASE VI: 6-9 MONTHS**DATE:**

Exercises	<ul style="list-style-type: none"> • Discourage 1RM for bench press • Prepare for return to sport • Use of One-Arm Hop Test as outcome measure for return to sport- reliable for comparing performance in injured and contralateral uninjured UEs
Goals to Progress to Next Phase	<ol style="list-style-type: none"> 1. Sufficient score on functional test- isokinetic or one arm hop test- to allow safe return to sport