



**REHABILITATION GUIDELINES  
PECTORALIS MAJOR TENDON REPAIR**

**PHASE I: 2-4 WEEKS**

**DOS:**

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

**PHASE II: 4-6 WEEKS**

**DATE:**

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

**PHASE III: 6-8 WEEKS**

**DATE:**

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

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

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

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

Exercises	<ul style="list-style-type: none"> <li>• Progress scapular and rotator cuff strengthening- including IR</li> <li>• 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</li> <li>• Pushups- avoiding humeral abduction beyond frontal plane</li> <li>• Progress into UE plyometrics- eg. Wall taps, chest press (bilateral)</li> <li>• PNF D1, D2</li> </ul>
Goals to Progress to Next Phase	<ol style="list-style-type: none"> <li>1. Tolerate high level of strengthening and plyometrics without an increase in symptoms</li> <li>2. Tolerate/progress single arm strengthening of pec</li> <li>3. No pain with any strengthening activities</li> </ol>

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

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