

Physical Therapy Protocol: Pectoralis Major Tendon Repair

Phase 1: Weeks 0 through 6 – Repair Protection

Physician Goals: Minimize tension on the pec major tendon to allow it to heal to heal back to the humerus, decrease pain, prevent significant stiffness

Exercises: Pendulums, active wrist and hand range of motion 3 to 5 times per day; active elbow flexion and extension; no shoulder extension past neutral. Passive supine well-arm or wand-assisted forward elevation in the plane of the scapula to max of 90°, external rotation with the arm at the side to max of 30°. Strengthen scapular stabilizers. Deltoid and rotator cuff isometrics in neutral rotation.

Comments: Sling with abduction pillow is to be worn at all times, including sleep, except when doing PT/home exercises or showering. Driving not recommended until sling is discontinued.

Total Visits: 12 – Once to twice per week with daily home stretching starting 2 weeks after surgery

Phase 2: Weeks 6 through 12 – Motion Recovery

Physician Goals: Continue to protect the pec major tendon repair which is still not yet fully healed; regain normal range of motion

Exercises: Passive stretching in all planes until full passive motion is regained; once full PROM, then begin active assisted ROM and transition to full active ROM as tolerated; OK for shoulder extension posterior to the frontal plane now; upper body ergometer, continue rotator cuff and scapular stabilizer strengthening

Comments: Wean from sling after 6 week follow up visit; 5 pound lifting restriction; return to work on a case-by-case basis, OK to drive once sling is discontinued, OK for aquatic therapy; OK to begin low impact activity like jogging, elliptical, lower body weight training

Total Visits: 18 – Two to three times per week with daily home stretching

Phase 3: Weeks 12 through 24+ – Strength Recovery

Physician Goals: Regain normal function of the shoulder beginning with activities of daily living and progressing to all activities without restrictions

Exercises: Continue passive stretching and joint mobilization as needed to regain/maintain full range of motion in all planes, continue strengthening scapular stabilizers, progress resistance work with light hand weights or bands and progress as tolerated, increase weight/resistance when 30 repetitions are easy and painless; begin pushup progression at 12 weeks (wall, incline, prone on knees, prone on toes, decline); OK to begin light bench press once performing prone on toes pushups with ease

Comments: Goal of PT is to regain strength needed to perform all ADLs and recreational activities without pain, transition to HEP or school ATC when ready; Golfers may begin putting at 6 weeks, chipping at 3 months, and progress to full golf by 4.5 months; Light tennis/pickleball at 4.5 months; overhead throwers (baseball/football) begin throwing program at 6 months, contact sports at 6 months

Total Visits: 24 – One to two times per week with daily home stretching; strengthening 3x per week including PT