

Rehabilitation Protocol: Pectoralis Tendon Repair

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-2)

- **Sling:** Sling immobilization for 2 weeks
- **Range of Motion:** Passive rest for full 2 weeks
- **Therapeutic Exercises:** No exercise until end of 2nd week

Phase II (Weeks 3-6)

- **Sling:** Wean out sling immobilizer – **week 3**
- **Range of Motion:** Begin Passive ROM
 - External rotation to 0 (**week 2**) – Increasing 5° per week
 - Forward flexion to 45° (**week 2**) – Increasing 5-10° per week
 - **Week 3:** Begin abduction to 30° – increasing 5° per week
 - **Week 5:** Flexion to 75°, abduction to 35°, external rotation to 15° (at 0° of abduction)
- **Therapeutic Exercises**
 - Gentle isometrics to shoulder/arm **EXCEPT** pectoralis major (**week 3**)
 - Scapular isometric exercises (**week 3**)
 - Gentle submaximal isometrics to shoulder, elbow, hand, and wrist (**week 5**)
 - Active scapular isotonic exercises (**week 5**)

Phase III (Weeks 6-12)

- **Range of Motion:** Continue passive ROM to full – full shoulder ROM by **week 12**
- **Therapeutic Exercises**
 - Continue gentle sub maximal isometrics progressing to isotonic (**week 6**)
 - Begin sub maximal isometrics to pectoralis major in a shortened position progressing to neutral muscle tendon length (**avoid** isometrics in full elongated position) (**week 6**)
 - Progressive resistive exercises – isotonic machines (**week 8**)
 - Theraband exercises (**week 8**)
 - Scar mobilization techniques (**week 8**)
 - **Week 12:** Progress strengthening exercise: isotonic dumbbells, 2-handed sub maximal plyometrics

Phase IV (Weeks 12-16+)

- Gradual return to athletic activity as tolerated
- Continue to progress functional activities of the entire upper extremity
- Avoid bench press motion with greater than 50% of prior 1 repetition max (RM)
- Gradually work up to 50% of 1 RM over next month
- Stay at 50% of prior 1 RM until 6 months post op, then progress to full slowly

Frequency: _____ times per week

Duration: _____ weeks



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Signature: _____

Date: