

PECTORALIS MAJOR TENDON REPAIR CLINICAL PRACTICE GUIDELINE

Progression is time and criterion-based, dependent on soft tissue healing, patient demographics and clinician evaluation. Contact Ohio State Sports Medicine at 614-293-2385 if questions arise. Begin Physical Therapy 2 weeks Post Surgery. Tendon to Tendon and Muscle to Tendon repair: ROM progression gradually with goal of Full @ 14-16 weeks. Bone to Tendon repair goal of Full ROM at 12-14

Phase I: Weeks 2-4

Exercises	<ul style="list-style-type: none"> • Immobilize in sling per physician (Typically 6-8 weeks) • Pendulums • Wrist and elbow ROM • Avoid active movement in all directions • PROM: ER to 0 degrees in neutral Flex to 45 degrees • Increase ER 5 degrees/wk, Flex 5-10 degrees/wk
Goals to Progress to Next Phase	<ol style="list-style-type: none"> 1. Decrease pain 2. Minimal to no edema

Phase II: Weeks 4-6

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 bike with immobilizer • Submaximal Isometrics(except IR) @ 5 weeks
Goals to Progress to Next Phase	<ol style="list-style-type: none"> 1. PROM :Flexion 75 degrees, Abduction 35 degrees, ER 0 degrees with 15 degrees of abduction

Phase III: Weeks 6-8

Exercises	<ul style="list-style-type: none"> • 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 scapular strengthening • Can progress weight bearing to quadruped, tripod (1UE +2LE) • Avoid active adduction, horizontal adduction, IR
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: Weeks 8-14

Exercises	<ul style="list-style-type: none">• Gain full ROM through stretching and grade III mobilizations• Active flexion, abduction, adduction strengthening• AVOID: IR/flexion/horizontal adduction• 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 AROM2. Increased strength/ proprioception with exercise without an increase in symptoms

Phase V: Weeks 14-24

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 pass (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 symptoms2. Tolerate/progress single arm strengthening of pec3. No pain with any strengthening activities

Phase VI: Months 6-9

Exercises	<ul style="list-style-type: none">• Discourage 1RM for bench press• Prepare for return to sport<ul style="list-style-type: none">• 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 Return to Sport	<ol style="list-style-type: none">1. Sufficient score on functional test- isokinetic or one arm hop test- to allow safe return to sport

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