

# Pectoralis Tendon

This protocol is intended to be a general outline only. The physician reserves the right to either advance or delay this protocol as deemed necessary. If so, this should be done by direct communication with the therapist, or in writing on the therapy referral form given to the patient on the day of surgery.

## 0-6 Weeks Post-Op: General Guidelines (Patient seen for one visit to establish HEP and review precautions)

**Precautions:** Avoid shoulder AROM, especially ER and abduction. Sling is to be worn at all times except for exercises and hygiene.

**Goals:** Decrease pain, allow minimal passive motion, protect repair.

- Shoulder immobilizer with abduction wedge to be worn at all times for 6 weeks, including sleeping.
- Home Exercise Program: Hand squeezing, elbow flexion/extension exercises, shoulder shrugs, gentle parascapular retractions beginning at 3 weeks.
- Allow recumbent stationary bike and treadmill for cardiovascular exercise (must wear immobilizer).
- Begin pendulum exercises at 4 weeks post-op.

## Weeks 7-8: Patient seen 2-3x/week

**Precautions:** No active ER, ABD – may discard immobilizer at 6-8 weeks post-op or per surgeon instruction.

**Goals:** PROM, AAROM to 90 degrees of flexion, ER to 45 degrees

- Begin PROM exercise in all directions
- AAROM supine wand exercises – Flexion to 90 degrees, ER only to 45 degrees
- Isometric shoulder strengthening exercises
- Progress scapular strengthening exercises.
- May begin elliptical machine for lower body only at 8 weeks

## Weeks 9-12: Patient seen 2-3x/week

**Goals by end of Week 12:** Full PROM, progress shoulder strengthening exercises

**Precautions:** No active horizontal adduction, chest fly or chest press activities

- Continue above exercises
- Progress to full PROM, AAROM in all planes
- Begin AROM at Week 10 if PROM is nearly full
- At Week 10, begin open/closed-chain upper extremity proprioception exercises
- Weightbearing exercises (rhythmic stabilization, weight shifts, serratus isolation) may begin in quadruped, progressing to tripod as strength allows.
- Begin light elastic band exercises – extension, ER, abduction (below shoulder level).
- Bicep and tricep PRE's
- Prone scapular retraction exercises
- At Week 10, begin submaximal pectoralis stretching at 10 weeks

## **Week 13- 24: Patient seen 1 – 2 x / week**

**Goals:** Progress strength and ROM to full.

- Continue appropriate previous exercises
- Progress to full AROM
- Progress scapular and rotator cuff strengthening, including IR
- May begin single arm pectoralis major strengthening exercises. Progress to dumbbell chest press with light weight/high reps. Avoid wide grip and extremes of ER/IR.
- May begin push-ups, avoiding abduction past frontal plane (starting with wall and progress to table, then floor)
- May begin running for exercise and elliptical machine with arms.
- Progress to HEP when appropriate after 24 weeks.

**Months 4-12:** Patient seen 1x/week or as needed

**Goals:** Normal pectoralis major strength, resume all normal activities

- Discourage heavy strength training exercises –especially bench press for 12 months post-op
- Prepare for return to sport / work
- Progress to overhead activities
- Swimming may begin
- Progress to normal pushups, chest press activities
- May begin a throwing program at 6 months post-op
- D/C when patient is independent with HEP.