



# Kansas City Orthopedic Alliance

**H. Scott Ellsworth, MD**

## **Rehabilitation Protocol: Pectoralis Major Tendon Repair**

### **Phase I (0-6 weeks)**

- First 0-3 weeks- NO ROM
  - Immobilized at all times day and night.
  - Elbow/wrist ROM, grip strengthening at home only
- At 3-6 weeks- Begin PROM
  - Limit to 90 degrees flexion, 45 degrees ER, 20 degrees extension, 45 degrees abduction
  - Codman's, posterior capsule mobilizations, avoid stretch of anterior capsule
  - Immobilization during the day

### **Phase II (6-12 weeks):**

- May discontinue sling
- Begin AAROM/AROM and PROM to tolerance
  - Continue phase 1 work; begin AAROM
    - Goals: Full ER, Flexion to 135 degrees, Abduction to 120 degrees
  - Deltoid/rotator cuff isometrics at 8 weeks
  - Begin resistive exercises for scapular stabilizers, biceps, triceps, and rotator cuff. Initiate closed-chain scapula.
    - Utilize exercise arcs that protect the anterior capsule from stress during resistive exercises, and keep all strengthening exercises below the horizontal plane.
  - NO resisted IR/Adduction

### **Phase III (12-16 weeks):**

- Gradual return to full AROM
  - Advance activities in phase 2. Emphasize ER and latissimus eccentrics. Work on glenohumeral stabilization. Planks/push-ups at 16 weeks
  - Begin muscle endurance activities (upper body ergometer)
  - Cycling/running okay at 12 weeks

**Phase IV (4-5 months):**

- Aggressive scapular stabilization and eccentric strengthening
- Begin plyometric and throwing/racquet program, continue with endurance activities and limited return to sport activities
- Maintain ROM and flexibility

**Phase V (5-7 months):**

- Progress phase 4 activities, return to full activity as tolerated