

Pectoralis Major Repair Guideline

Individual patient circumstances may affect the guideline
(tear configuration, fixation used, associated procedures, etc.)

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0-6	<ul style="list-style-type: none"> • Protect surgical site • Reduce muscle atrophy • Reduce swelling • Decrease pain and inflammation • Passive motion @ 6 weeks <ul style="list-style-type: none"> ○ Flexion to 90° ○ External rotation and abduction to 45° 	<ul style="list-style-type: none"> • Sling use at all times • Avoid contraction of pectoralis major muscle action • May initiate PROM at week 2 <ul style="list-style-type: none"> ○ Abduction to 30° ○ Flexion to 45° ○ ER at side to 5° ○ May progress 5-10° per week • Avoid combined ER and abduction 	<ul style="list-style-type: none"> • PRICE <ul style="list-style-type: none"> ○ Cryotherapy: 5-7 times per day • Elbow, neck, and wrist AROM • Ball squeezes • Initiate PROM @ week 2 • Initiate shoulder/scapular isometrics @ week 4 • Initiate BFR; if applicable • Cardio: Walking and stationary bike, no treadmill
Weeks 6-12	<ul style="list-style-type: none"> • Progress shoulder ROM in all planes by 12 weeks <ul style="list-style-type: none"> ○ Full ER in abduction ○ Flexion 135 ○ Abduction 120 • Progress shoulder strength • Shoulder external rotation strength within 80% limb symmetry 	<ul style="list-style-type: none"> • Wean from sling per physician • Slowly progress ER in abduction position • Limit shoulder extension to 20° • Avoid excessive horizontal abduction • Avoid repair site pain with strengthening • Avoid running and jumping 	<ul style="list-style-type: none"> • ROM: transition from PROM -> AAROM -> AROM as tolerated within restrictions • Begin submaximal isometrics to pectoralis major in shortened positions • Shoulder ER, abduction, and extension strengthening • Side lying shoulder flexion • Scapular strengthening • Initiate pectoralis strengthening with isotonic in short range (0-20 pounds) • Initiate light chest press to neutral at 10 weeks • Core strengthening • Cardio: Walking, stationary bike, no treadmill/swimming
Week 12-20	<ul style="list-style-type: none"> • Shoulder ROM full in all planes • Upper extremity strength within 20% LSI 	<ul style="list-style-type: none"> • May initiate jogging when shoulder strength is normal 	<ul style="list-style-type: none"> • Continue PRE with shoulder exercises • Multi-plane shoulder strengthening with increase velocity of movement • Core and lower body strengthening • Continue chest press full range at 10-30% prior level • Cardio: Walking, stationary bike, stair master
Weeks 20+	<ul style="list-style-type: none"> • Shoulder ROM full in all planes • Upper extremity strength ≥ 100% LSI in all planes • Progression through overhead athlete program • Improve capacity for sport-specific demands 	<ul style="list-style-type: none"> • See OH athlete program for progressions based on tolerance • Avoid soreness lasting > 24 hours • Return to sport dependent upon sport and discussion with surgeon near 5-7 months 	<ul style="list-style-type: none"> • Continue with PRE • Progress with velocity based strengthening <ul style="list-style-type: none"> ○ Shoulder plyometrics • Initiate overhead athlete program • Continue chest press full range at 30-50% prior level until 24 weeks • At 24 weeks, progress chest press as tolerated • Sport-specific strengthening or activity

This guideline is not meant to be prescriptive but a recommendation to the rehabilitation process. Progress may vary based on specifics of injury and procedure.