

Pectoralis Major Repair

Phase 1 – Maximum Protection

Weeks 0 to 4

- Wear sling at all times
- No glenohumeral joint (GHJ) range of motion for 2 weeks
- Initiate passive and active assisted range of motion at 2 weeks within range of motion restrictions

Goals:

- Reduce pain and inflammation
- Protect surgical repair
- Postural education
- PROM/AAROM restrictions
- Initiate PROM and AAROM at shoulder
 - Flexion to 90 degrees at 4 weeks
 - Abduction to 90 degrees at 4 weeks
 - Internal rotation progress as tolerated
 - No external rotation past neutral
 - No extension past neutral

Manual Therapy:

- Graded glenohumeral and scapulothoracic mobilization
- STM to shoulder and cervicothoracic complex
- Passive range of motion

Exercise Progression:

- No GHJ ROM for 2 weeks
- Cervical ROM and basic deep neck flexor activation (chin tucks)
- Elbow, hand, and wrist AROM
- Pendulums
- Active shoulder retraction
- Shoulder AAROM within restrictions (cane, pulley, etc.)
- Encourage walks and low intensity cardiovascular exercise to promote healing

Phase 2 – Progressive Range of Motion

Weeks 4 to 6

- Discontinue sling
- Initiate AROM

- Initiate submaximal isometrics (extension and abduction only)

Goals:

- Reduce pain and inflammation
- Protect surgical repair
- Postural education with cervical spine and neutral scapular positioning
- Range of motion restrictions (PROM, AAROM, and AROM)
 - Flexion to 120 degrees by week 6
 - Abduction to 120 degrees by week 6
 - Internal rotation progress as tolerated
 - External rotation to 30 degrees at 0-45 degrees of abduction by week 6
 - Extension progress slowly

Manual Therapy:

- Graded glenohumeral and scapulothoracic mobilization
- Scar tissue mobilization when incision are healed
- STM to shoulder and cervicothoracic complex
- Gentle submaximal therapist directed isometrics in extension and abduction

Exercise Progression:

- Supine and upright AAROM using cane, pulleys, etc
- DNF and proper postural positioning with shoulder retraction
- Initiate submaximal isometrics in abduction and extension direction only
- Prone scapular series and sidelying scapular activation less than 90 degrees
- Open chain serratus activation
- External rotation against gravity (no resistance)
- Posterior capsular stretching in sidelying (sleeper stretch)
- Low to moderate intensity cardiovascular work

Phase 3 – Progressive Range of Motion and Strengthening

Weeks 6 to 12

- Progress to full PROM and AROM
- Normalize glenohumeral and scapulothoracic arthrokinematics
- Pain-free, submaximal isometric activation in all directions
- Initiate strengthening and closed kinetic chain exercises

Goals:

- Reduce pain and inflammation
- Protect surgical repair
- Progress shoulder range of motion as tolerated in all directions

- Full PROM in all directions by week 10
- Full AROM by week 12

Manual Therapy:

- Graded glenohumeral and scapulothoracic mobilizations
- Scar tissue mobilization when incision are healed
- STM to shoulder and cervicothoracic complex
- Gentle contract-relax and hold-relax to gain range of motion while respecting repaired tissue
- Manual perturbations in supine with arm at 90 degrees flexion and ER/IR at neutral
- Rhythmic stabilization and perturbations in quadruped for scapular and core strengthening – bilateral progressing to unilateral/tripod position

Exercise Progression:

- Initiate UE bike
- Open chain serratus activation
- Prone and sidelying scapular series in full range of motion
- Pain-free, submaximal 6 direction rotator cuff isometrics
- Gradual progression of resistive exercises while protecting anterior shoulder
- Initiate closed kinetic chain exercises at 8 weeks
- Low to moderate intensity cardiovascular work (able to perform elliptical)

Phase 4 – Advancing Strengthening and Plyometric Drills

Weeks 12 to 16

- Full PROM and AROM
- Normalize glenohumeral and scapulothoracic arthrokinematics
- Advance strengthening program while protecting anterior shoulder capsule
- Progress to plyometrics at 12 weeks

Goals:

- Full PROM and AROM in all directions
- Progress strength of limb

Manual Therapy:

- PROM and glenohumeral mobilization if needed
- Manual perturbations
- PNF patterns

Exercise Progression:

- End range stretching at 12 weeks

- Progress PNF patterns with protected end range of 90/90
- Advance gym strengthening program
- Initiate push up progression at wall at 12 weeks and gradually progress
- Initiate plyometric and rebounder drills in double hand progressing to single hand

Phase 5 – Return to Sport

Weeks 16 to 24

- Follow up examination with physician at 6 months for release to full activity
- Initiate bench/pressing motion at 16 weeks
- Initiate sport specific exercises at 16 weeks

Goals:

- Full range of motion
- Advance gym strengthening program
- Initiate interval throwing program for athletes at 16 weeks

Manual Therapy:

- STM and joint mobilization to glenohumeral, scapulothoracic, and cervicothoracic as needed
- Manual perturbations
- PNF patterns

Exercise Progression:

- Full ROM in all planes with protected end range 90/90
- Advance gym strengthening program maintaining anterior shoulder precautions with pressing and chest fly exercises
 - Bench motion at 16 weeks
- Plyometric drills in single limb
- Sport specific exercises focus on eccentric loading and deceleration

Criteria for return to play:

- Full, pain-free range of motion
- Normal glenohumeral and scapulothoracic arthrokinematics
- >90% MMT using handheld dynamometer
- Full progression through interval throwing program

Anticipated return to sports:

- 4-6 months for contact and non-contact athlete/throwing athlete