

Rehabilitation Protocol: Pectoralis Major Repair

Date of Surgery: _____

Protect the Repair: Avoid early shoulder extension, abduction, horizontal abduction, and ER stretch; no resisted IR/adduction or pectoralis isometrics in an elongated position early. Return to pressing and contact is gradual.

Contact our office for: new deformity or bruising after loading, sudden loss of adduction/pressing strength, or wound concerns.

Time points are guidelines – milestones of each phase should be achieved before advancing. Please contact our office with any questions or concerns.

☐ **Phase I – Immobilization (Weeks 0–3)**

- **Sling:** At all times except hygiene and exercises (6 weeks total)
- **Range of Motion – No shoulder ROM.** Active and passive elbow, wrist, and hand ROM from POD 1
- **Therapeutic Exercises**
 - Elbow, wrist, and hand exercises; grip strengthening

☐ **Phase II – Passive ROM (Weeks 3–6)**

- **Sling:** Continue through 6 weeks
- **Range of Motion** – Begin PROM – progress gradually within limits below; **no extension past neutral or horizontal abduction**

PROM Limits	Forward Flexion	Abduction	ER (at 0° abduction)
Weeks 3–5	Start 45°	Start 30°	Start 0°
Weeks 5–6	75°	35°	15°
Progression	+5–10°/week	+5°/week	+5°/week

- **Therapeutic Exercises**
 - **Week 3:** Gentle isometrics to shoulder/arm – **except pectoralis major**; scapular isometrics
 - **Week 5:** Gentle submaximal isometrics to shoulder, elbow, wrist, and hand; active scapular isotonic

☐ **Phase III – Active ROM (Weeks 6–12)**

- **Sling:** Discontinue at 6 weeks
- **Precautions:** No resisted IR/adduction beyond submaximal pectoralis isometrics; no forced end-range stretching
- **Range of Motion** – Continue PROM without restrictions – **goal full PROM by week 12**; begin AAROM/AROM
- **Therapeutic Exercises**
 - **Week 6:** Submaximal isometrics progressing to isotonic; begin submaximal pectoralis isometrics in a shortened position, progressing to neutral length (**avoid fully elongated position**)
 - **Week 8:** Progressive resistive exercises – isotonic machines and Theraband; scar mobilization
 - Closed chain scapular exercises; lower extremity and core conditioning
 - **Week 12:** Isotonic dumbbells; two-handed submaximal plyometrics
- **Criteria to Progress:** Full PROM; AROM without pain or substitution

☐ **Phase IV – Gradual Return to Activity (Weeks 12–24)**

- **Pressing Limits: Bench press $\leq 50\%$ of prior 1-rep max (1RM)** – gradually work up to 50% over the first month; **stay at $\leq 50\%$ of 1RM until 6 months**
- **Therapeutic Exercises**
 - Progress functional activities of the entire upper extremity; eccentric strengthening
 - **~16 weeks:** Plank and push-up progression (wall, then incline, then floor)
 - Throwing/racquet progression; gradual return to athletic activity as tolerated (no contact)

☐ **Phase V – Return to Full Activity (Month 6+)**

- **Pressing:** Slowly progress bench press beyond 50% of prior 1RM toward full
- **Precautions: Heavy bench press and contact sports only after physician clearance**
- **Criteria for Return to Sport / Discharge:** Full pain-free ROM; symmetric functional strength; tolerates progressive pressing without pain; physician clearance