PECTORALIS MAJOR TENDON REPAIR REHAB PROTOCOL

The purpose of this protocol is to work collaboratively with the clinician and provide a guideline for the postoperative rehabilitation course of a patient that has undergone a pectoralis major tendon repair. This protocol is by no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should not hesitate to consult with the referring surgeon.

Please Note: The given time frames are an approximate guide for progression.

NO UPPER BODY ERGOMETER AT ANY TIME

Phase I:

Part A: First 4 weeks of therapy (typically begins 6 weeks after surgery)

- Wean out of sling at 6 weeks post-op. Majority of patients will be out of sling at start of physical therapy
- No pendulums
- No strengthening
- Full elbow, wrist, hand AROM immediately
- May do isometric grip strengthening
- Begin gentle PROM of shoulder, may progress to AAROM towards end of 4 weeks
  - No internal rotation
  - External rotation in neutral to 30°
  - Abduction to 60°
  - Foreword flexion as tolerated

GOAL: *Initiate early PROM; minimize post-operative stiffness, pain and swelling; protect tendon repair*

Part B: Weeks 4-6 of therapy

- Gradual progression from AAROM to AROM
  - Forward flexion as tolerated
  - Abduction as tolerated
  - External rotation in neutral as tolerated
  - No external rotation in abducted position until 12 weeks post-op
  - No internal rotation behind the back
- Begin scapular stabilization exercises
- No shoulder strengthening

GOAL: *Gentle introduction of AAROM/AROM, continue to protect tendon repair*

Phase II: Weeks 6-12 of therapy

- Gently advance AROM as tolerated without limitation in all planes
  - Introduce external rotation in abduction and internal rotation behind the back
  - Do not force motion, be careful to protect tendon repair
- Continue gentle scapular strengthening and stabilization exercises
- No shoulder strengthening

GOAL: Achieve full pain-free AROM; continue scapular strengthening; no rotator cuff strengthening

Phase III: Weeks 12-16 of therapy

- If pain-free shoulder AROM achieved in all planes, then may stop PT and resume in 4 weeks for strengthening

GOAL: *Achieve full pain-free AROM. Continue scapular strengthening.*

Phase IV: Beyond 16 weeks of therapy:

- May begin light weight gradual shoulder/RTC strengthening with surgeon approval, advance slowly
- Focus on strengthening at waist level and elevation to 90°. At start of strengthening, avoid strengthening exercises above chest level.
- May begin work hardening or sports-specific rehab at 5 months post-op if cleared by surgeon
- No return to contact sports prior to 6 months post-operatively
- Avoid exercises that stress the anterior capsule, always be able to visualize hands during strengthening exercises

GOAL: Initiate gradual strengthening program, begin to incorporate work hardening or sports specific movements as applicable

*****Expected Recovery Time is approximately 6-9 Months*****

NOTE: If you have any questions or concerns regarding any of the phases or advancements in this protocol, please do not hesitate to contact our office at 443-546-1550. Thank you for your continued care of this patient.

Yu J, Zhang C, Horner N, et al. Outcomes and Return to Sport After Pectoralis Major Tendon Repair: A Systematic Review. *Sports Health*. 2019; 11(2):134–141.

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Long M, Enders T, Trasolini R, Schneider W, Cappellino A, Ruotolo C. Pectoralis Major Tendon Reconstruction using Semitendinosus Allograft Following Rupture at the Musculotendinous Junction. *Journal of Shoulder and Elbow Surgery.* 2019; 3(4):328–332