

## **PECTORALIS MAJOR REPAIR REHABILITATION PROTOCOL**

### **Phase I Week 1-4:**

- 1) Shoulder immobilizer at all times, except during exercises and hygiene. May remove abduction pillow.
- 2) Elbow, wrist, hand ROM. Squeeze ball.
- 3) No pendulums
- 4) No running.
- 5) Week 3-4 may begin bicep curls and triceps extension with arm at side with less than five pound weight.

### **Phase II Week 4-6:**

- 1) Continue sling use. May remove for sedentary periods. Continue with nighttime use.
- 2) Begin PROM. Limit forward flexion to 90 degrees. Avoid abduction, external rotation.
- 3) Shoulder shrugs, protraction, retraction and scapular mobilization.
- 4) Stationary bike at week 3 with immobilizer on. No weight bearing on involved UE (ie no stairmaster.)
- 5) No running.

Goal: 75-100% PROM, except ER—keep less than 30-40 degrees.

### **Phase III Week 6-8:**

- 1) Wean out of sling as tolerated. May remove for sleep.
- 2) Progress PROM and begin AAROM as tolerated. Can push PROM ER beyond 40 degrees.
- 3) Avoid active adduction, horizontal adduction and IR.
- 4) Submaximal Isometrics: flexion, extension, abduction, ER, horizontal abduction.
- 5) Progress scapular stabilization exercises.
- 6) No jogging

Goal: 75-100% AAROM without pain; AAROM without scapular or upper trap substitution

### **Phase IV Week 8-12**

- 1) May begin AROM as tolerated at week 8.
- 2) Gain full ROM through stretching and Grade III mobilizations.
- 3) Active flexion, abduction, adduction strengthening; avoid IR/flexion/horizontal adduction.
- 4) Active ER, horizontal abduction—not to end range.
- 5) Progress RTC and scapular strengthening program avoiding IR.
- 6) Submaximal pectoralis strengthening.
- 7) Pushup progression: wall, table, uneven surfaces.
- 8) Dynamic stabilization, perturbations, weight bearing planks on hands.
- 9) May progress non-contact cardio exercises as tolerated.

Goal: Full AROM; increased strength/proprioception without increase in symptoms.