



PROCEDURE: PECTORALIS MAJOR REPAIR

***Please note:** This document is intended to provide guidelines for the postoperative rehabilitation of a patient who had undergone a pectoralis major repair or reconstruction. The intent of this protocol is to not to supplant the decision making of the clinician, but to suggest a structure and progression of rehabilitation. When available, please refer to the operative note for further subtleties of the anticipated postoperative rehabilitation.*

If the clinician requires assistance in the progression of a postoperative patient, please contact Dr. O'Donnell's office.

SUMMARY:

- **Remain in shoulder immobilizer for 6 weeks (strict wear x2 weeks, day time only weeks 3-6)**
- **PROM of the shoulder at 3-6 weeks (Limit 90° Flexion, 45° ER, 20° Extension, 45° abduction)**
- **AAROM/AROM at 6 weeks**
- **Light strengthening exercises at 3 months**
- **Return to sport 6 months**

PHASE I – PROTECTION OF SURGICAL REPAIR (Weeks 0-6):

Goals:

- Protect the surgical repair
- Diminish pain and inflammation
- Enhance scapular function

Immobilizer:

- Wear all day and night weeks 0-2
- May come off for hygiene and gentle exercise of elbow/wrist/fingers
- Weeks 3-6: daytime use of immobilizer only

Range of Motion:

- 0-3 weeks: NONE

- 3-6 weeks: Begin PROM, Limit 90° Flexion, 45° ER, 20° Extension, 45° abduction

Exercises:

- 0-2 weeks: Elbow/wrist ROM, grip strengthening at home only
- 3-6 weeks: Begin PROM activities, Limit 45° ER, 45° abduction, Codman's, posterior capsule, mobilizations; avoid stretch of anterior capsule

PHASE II – SHOULDER MOTION (Weeks 6-12):

Goals:

- Wean out of shoulder immobilizer
- Begin PROM and AROM
- Independence with ADL's
- Do not overstress healing tissue
- Enhance strength and endurance

Range of motion:

- Begin active/active assisted ROM, passive ROM to tolerance
- GOALS: full ER, 135° flexion, 120° abduction

Exercises:

- Continue exercises of phase I
- Deltoid and rotator cuff isometrics may begin at 8 weeks
- Begin resistive exercises for the scapular stabilizers, biceps, triceps, rotator cuff, initiate closed chain scapula
- NO RESISTED INTERNAL ROTATION OR ADDUCTION

PHASE III – LIGHT STRENGTHENING (Week 12-16)

Goals:

- Gradual return to full AROM
- Begin to develop strength

Exercises:

- Advance activities in Phase II;
- Emphasize external rotation and latissimus eccentrics, glenohumeral stabilization
- Plank/push-ups @ 16 wks
- Begin muscle endurance activities (upper body ergometer)
- Cycling/running okay at 12 wks

PHASE IV – STRENGTHENING (4-5 months)

Goals:

- Full and pain-free ROM
- Continue strengthening exercises

Exercises:

- Aggressive scapular stabilization and eccentric strengthening
- Begin plyometric and throwing/racquet program, continue with endurance activities
- Maintain ROM and flexibility

PHASE V – RETURN TO SPORT (5-7months)

- Progress Phase IV activities, return to full activity as tolerated

Criteria to return to sports and recreational activities:

- Surgeon clearance
- Pain free shoulder function without signs of instability
- Restoration of adequate ROM for desired activity
- Strength similar to the contralateral shoulder (by hand-held dynamometry).



EVAN A. O'DONNELL, M.D.
SPORTS MEDICINE & SHOULDER SURGEON
175 CAMBRIDGE STREET, 4th FLOOR
BOSTON, MA 02114 | 617-726-7500

