Salina Regional Orthopedic Clinic
Salina Regional Health Center

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PECTORALIS MAJOR TENDON REPAIR CLINICAL PRACTICE GUIDELINE

Progression is time and criterion-based, dependent on soft tissue healing, patient demographics and clinician evaluation. Begin Physical Therapy 2 weeks Post Surgery. Tendon to Tendon and Muscle to Tendon repair: ROM progression gradually with goal of Full @ 14-16 weeks. Bone to Tendon repair goal of Full ROM at 12-14

Phase I: Weeks 2-4

Exercises	• Immobilize in sling per physician (Typically 6-8 weeks) • Pendulums • Wrist and elbow ROM • Avoid active movement in all directions • PROM: ER to 0 degrees in neutral Flex to 45 degrees • Increase ER 5 degrees/wk, Flex 5-10 degrees/wk
Goals to Progress to Next Phase	1. Decrease pain 2. Minimal to no edema

Phase II: Weeks 4-6

Exercises	• PROM: add abduction to 30 degrees increase 5 degrees/wk • Scapular clocks, retraction, depression, protraction • Scapular PNF • Scapular mobility • Begin table weight shifts for weight bearing through UEs • Grades I-II (anterior, posterior, distraction) oscillatory joint mobilizations • Stationary bike with immobilizer • Submaximal Isometrics(except IR) @ 5 weeks
Goals to Progress to Next Phase	1. PROM: Flexion 75 degrees, Abduction 35 degrees, ER 0 degrees with 15 degrees of abduction

Phase III: Weeks 6-8

Exercises	• Initiate AAROM-progress to AROM as tolerated toward 8th week • Can push PROM ER beyond 40 degrees • Grade III sustained joint mobilizations for capsular restriction • Isometrics-flexion, extension, abduction, ER, horizontal abduction • Progress scapular strengthening • Can progress weight bearing to quadruped, tripod (1UE +2LE) • Avoid active adduction, horizontal adduction, IR
Goals to Progress to Next Phase	1. 75% PROM without pain 2. AAROM flexion, abduction, ER, IR without scapular or upper trap substitution 3. Tolerate PRE's for scapular stabilizers and shoulder complex 4. No reactive effusion

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Phase IV: Weeks 8-14

Exercises	• Gain full ROM through stretching and grade III mobilizations • Active flexion, abduction, adduction strengthening • AVOID: IR/flexion/horizontal adduction • Progress scapular strengthening and progress rotator cuff strengthening avoiding IR • Begin submax pectoralis strengthening • Wall pushups progressing to table pushups, uneven surfaces • Dynamic stabilization, perturbations, weight bearing planks on hands • Active ER, horizontal abduction- not to end range
Goals to Progress to Next Phase	1. Full AROM 2. Increased strength/ proprioception with exercise without an increase in symptoms

Phase V: Weeks 14-24

Exercises	• Progress scapular and rotator cuff strengthening- including IR • Single arm pectoralis major strengthening- therabands then progress to dumbbell bench press with light weight/ high reps, avoiding a wide grasp, and end range ER/ABD. • Pushups- avoiding humeral abduction beyond frontal plane • Progress into UE plyometrics- eg. wall taps, chest pass (bilateral) • PNF D1, D2
Goals to Progress to Next Phase	1. Tolerate high level of strengthening and plyometrics without an increase in symptoms 2. Tolerate/progress single arm strengthening of pec 3. No pain with any strengthening activities

Phase VI: Months 6-9

Exercises	• Discourage 1RM for bench press • Prepare for return to sport • Use of One-Arm Hop Test as outcome measure for return to sport- reliable for comparing performance in injured and contralateral uninjured UEs
Goals to Progress to Return to Sport	1. Sufficient score on functional test- isokinetic or one arm hop test- to allow safe return to sport