

Pectoralis Major Tendon Repair Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

Sling duration ____4____ wks	PROM initiation ____4____ wks	Chronic repair / graft: ☐
Other Precautions:		

Parameters above are patient-specific and supersede the general timeframes below (typical: sling 4–6 wks, PROM at 4 wks). **Tendon healing is the rate-limiting factor: abduction, external rotation, and extension tension the repair and stay limited until 6–8 wks.** Therapist to use clinical judgment to individualize exercise selection and pace within each phase.

Phase	Goals	Precautions	Treatment Focus
Phase 1 Weeks 0–4	Goals - Protect the tendon repair; control pain/swelling - Maintain elbow/wrist/hand mobility - Protect axillary skin	Precautions - Sling with arm adducted and internally rotated, per parameters above - No shoulder ROM, passive or active, until PROM initiation per parameters above - No abduction, ER, or extension behind the body - No lifting, pushing, or pulling If chronic repair/graft: continuous sling for 6 wks	Treatment Focus - AROM elbow/wrist/hand and grip daily - Scapular setting in sling - Axillary hygiene; watch for skin breakdown from strict adduction - Ice/modalities PRN pain-swelling
► Advance to Phase 2 when: wound healed, pain controlled, immobilization period complete per parameters above.			
Phase 2 Weeks 4–6	Goals - Begin gentle PROM within limits - Wean sling per parameters above - Initiate scapular activation	Precautions - PROM limits until 6–8 wks: ER at side $\leq 30^\circ$, abduction $\leq 90^\circ$ - No combined abduction + ER, horizontal abduction, or extension past neutral - Passive only; no active pec use (pushing, pulling, lifting) If chronic repair/graft: stay in sling to 6 wks; passive flexion $\leq 90^\circ$, no ER, no abduction past neutral	Treatment Focus - Gentle supine PROM within limits; flexion in scapular plane as tolerated - Pendulums - Scapular retraction/depression - Continue elbow/wrist/hand AROM
► Advance to Phase 3 when: PROM progressing within limits without pain at the repair, sling discontinued.			
Phase 3 Weeks 6–12	Goals - Full pain-free ROM by ≈ 8–12 wks - Progress PROM → AAROM → AROM - Begin isometrics ≈ 8 wks, then light resistance	Precautions - ER and abduction limits lift between 6 and 8 wks; then advance gradually without forcing abduction + ER - No resisted adduction, IR, or horizontal adduction before ≈ 8 wks - No push-ups, pressing, or weight lifting If chronic repair/graft: ROM only through 12 wks; no strengthening	Treatment Focus - AAROM (cane, pulley) → AROM all planes - Gentle stretching toward full motion - From ≈ 8 wks: submaximal isometrics → light band resistance (cuff, scapular, then pec) - Scapular stabilization
► Advance to Phase 4 when: full pain-free ROM, light resistance pain-free with normal mechanics.			

Phase	Goals	Precautions	Treatment Focus
Phase 4 Weeks 12–24	Goals • Restore pec, cuff, and periscapular strength • Graduated return to weight training • Return to work and sport	Precautions • Light weight lifting not before 3–4 months; heavier resistive work ≈4 months • Pressing: start light with high reps, moderate grip width, and limited depth (elbows not behind the body) • Contact sport/unrestricted activity ≈5–6 months • If chronic repair/graft: strengthening wks 12–18; later milestones shift ≈6 wks	Treatment Focus • Progressive isotonic strengthening (machines → free weights) • Push-up progression (wall → incline → floor) from ≈12 wks; bench press from ≈16 wks • Plyometrics and sport-specific drills • Strength testing vs. contralateral
► Full Release (typically 5–6 months / 20–24 wks): full pain-free ROM, strength approaching contralateral, pressing progression completed without pain, sport-/work-specific demands met, cleared by physician.			

Special Considerations

- It is common for a deficit in maximal pressing (bench press, fly, push-ups) to persist even after successful repair
- Sudden pain, a pop, new bruising, or change in chest/axillary contour — stop and contact the surgeon

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.