

Pectoralis Minor Release Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

Other Precautions:

*Precautions above are patient-specific and supersede the general timeframes below. **This is a release, not a repair** — there is nothing to protect. Early motion and stretching keep the length gained and prevent the scapula from re-tethering. Therapist to use clinical judgment to individualize exercise selection and pace within each phase.*

Phase	Goals	Precautions	Treatment Focus
Phase 1 <i>Weeks 0–2</i>	Goals • Full active ROM • Maintain pec minor length • Begin scapular strengthening	Precautions • Sling for comfort only (1–2 wks) • No ROM restrictions • Keep pain controlled so the patient can stretch	Treatment Focus • POD 2: full AROM and pec minor stretching program • POD 3: scapular low rows; AAROM in scapular plane • Postural training
► Advance to Phase 2 when: wound healed, full or near-full ROM, sling discontinued.			
Phase 2 <i>Weeks 2–6</i>	Goals • Full motion by 2–3 wks • Begin full strengthening • Normalize scapular mechanics	Precautions • Do not let stretching lapse; stiffness is the main risk • No heavy overhead lifting yet	Treatment Focus • Continue daily pec minor/anterior chain stretching • Scapular stabilizers: serratus anterior, lower/middle trapezius, rhomboids • Rotator cuff strengthening
► Advance to Phase 3 when: full pain-free ROM, scapular control improving without winging or dyskinesia under light load.			
Phase 3 <i>Weeks 6–12</i>	Goals • Stable scapula under load • Return to overhead lifting and full activity at ≈3 months	Precautions • Overhead and heavy lifting only once the scapula is stable	Treatment Focus • Progressive posterior chain and scapular strengthening • Overhead and sport-/work-specific progression • Maintenance stretching
► Full Release (typically 2-3 months): full pain-free ROM, stable scapula without residual dyskinesia, cleared by physician.			

Special Considerations

- Applies to isolated release only; if combined with thoracic outlet decompression or a stabilization procedure, that protocol governs

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.