


<p>Pectoralis Major Tendon Repair</p>		<p>Post-op protocol for Mathew Taylor, M.D.</p> 
<p>Sling Use: Week 1-4</p>		<ul style="list-style-type: none"> • Immobilize in sling per physician (6-8 weeks) • Pendulums • Wrist and Elbow ROM • Avoid active movements in all directions <p>Goals to progress to next phase:</p> <ul style="list-style-type: none"> • Decrease pain • minimal to no edema
<p>Phase II Passive ROM</p>	<p>Weeks 4-6</p>	<ul style="list-style-type: none"> • Begin PROM: avoid abduction, ER • Scapular clocks, retraction, depression, protraction • Scapular PNF • Scapular mobility • Begin table weight shifts for weight bearing through UEs • Grade I-II (anterior, posterior, distraction) scapular mobilizations • Stationary bike with immobilizer <p>Goals to progress to next Phase:</p> <ul style="list-style-type: none"> • 75-100% PROM, except ER-keep to no more than 30-40 degrees, • sleeping through the night
<p>Phase III Active ROM</p>	<p>Week 6-8</p>	<ul style="list-style-type: none"> • Initiate AAROM-progress to AROM as tolerated toward 8th week • Can push PROM ER beyond 40 degrees • Grade III sustained joint mobilization for scapular 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 <p>Goals to progress to next phase:</p> <ul style="list-style-type: none"> • 75%-100% full AAROM without pain • AAROM flexion, abduction, ER, IR without scapular or upper trap substitution • Tolerate PREs for scapular stabilizers • No reactive effusion

Phase IV:	Weeks 8-12	<ul style="list-style-type: none"> • 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 and avoid IR • Begin submax pectoralis strengthening • Wall pushups progressing to table pushups • Dynamic stabilization, perturbations, weight bearing planks on hands • Active ER, horizontal abduction-not to end range <p>Goals to Progress to next phase</p> <ul style="list-style-type: none"> • Full AROM • Increased strength, proprioception with exercise without an increase in symptoms
Return to activities: Phase V	Weeks 12-24	<ul style="list-style-type: none"> • Progress scapular and rotator cuff strengthening to include IR • Single arm pectoralis major strengthening-therabands then progress to dumbbell bench press with light weight/high rep, avoid wide grip and end range (ER/ABD) • Pushups-avoid humeral abduction beyond frontal plane • Progress into UE plyometrics-wall taps, chest pass • PNF D1, D2 <p>Goals to progress to next phase</p> <ul style="list-style-type: none"> • Tolerate high level of strengthening and plyometrics without an increase in symptoms • Tolerate/progress single arm strengthening Pec • No pain with strengthening activities
Phase VI	Months: 6-9	<ul style="list-style-type: none"> • Discourage 1RM for bench press • Prepare for return to sport • Use of One-Arm Hop test as outcome measure for return to sport <p>Goals for return to sport: Sufficient score on functional test</p>

