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LAKESHORE Bone & Joint Institute

Sports Medicine, Shoulder & Knee Reconstruction Direct Line (219) 395-2109

Pectoralis Major Repair Protocol

Name	ıme									Date							
Procedure _																	
Procedure 1	Date	e															
Frequency	1	2	3	4	5 ti	mes/week	Duration	1	2	3	4	5	6	weeks			

Anytime the dressing is changed or examined, *please wash hands* prior with antibacterial soap. Do not apply any ointments or medications to the area. The surgical dressing should be changed by the therapist using *sterile* technique. This includes sterile field, sterile gloves, betadine or chlorhexidine skin cleanser and sterile supplies when redressing the wounds. Do NOT remove steri-strips. The new dressing should include dry gauze and ACE wrap. For a shoulder arthroscopy the portals may be redressed with band-aids.

Weeks 0-1:

• Patient to do home exercises given post op (posture, pendulums, elbow ROM, wrist ROM, grip strengthening)

Weeks 1-6:

- TRUE PROM ONLY! Gradual flexion and gentle ER ROM
 - o 0-4 weeks limited ER to neutral, 45° ABD
 - o 4-6 weeks progress ER to 30°, 90° ABD
 - o No excessive ABD
- Maintain elbow and wrist ROM with shoulder in neutral
- Soft tissue massage to surrounding tissues if needed (scapular region, upper trapezius, levator, etc)
- At 4-6 weeks scar mobilization
- Heat before and ice after PT, modalities

Weeks 6-12:

- DC sling
- Gradually progress to full PROM, no excessive stretching
- Submaximal isometrics with arm in neutral (gentle 1-2 fingers with IR isometric)
- Begin AAROM → AROM as tolerated (pulleys, wands, etc)
 - o 6-8 weeks gentle DIR behind the back

• 8 weeks begin gentle scapular stabilization

Months 3-12:

- Advance to full ROM as tolerated with passive stretching at end ranges as needed
- Advance strengthening as tolerated- bands → light weights (1-5#) 8-12 reps/2-3 sets per rotator cuff, deltoid, scapular stabilizers
- No elbow flexion greater than 90° with bench press, dips, etc
- No flies or pull downs until 4 months post op
- Begin eccentrically resisted motions, plyometrics (ex- weighted ball toss), proprioception (ex- body blade)
- Begin sports related rehab at 4.5 months, including advanced conditioning
- Collision sports at 9 months
- MMI is usually at 12 months post op

Comments:	
Teach HEP	
Modalities PRN	
factors. Please use your best clinical ju	ion will vary to a degree depending on many idgment on advancing a patient. If other ideas are tient's outcome do not hesitate to call.
• • • • • • • • • • • • • • • • • • • •	h: Patient, family/friend support, therapist, and per plays an important role in recovery.
Signature	Date