

Pectoralis Tendon Repair Post-Op Program



Dr. Julious P. Smith, III

Phase 1 (1-10 days)

- Sling use at all times (except therapy) for first 6 weeks
- Decongestive massage
- Icing every other hour 15-20 minutes
- Wrist & elbow ROM particularly focusing on elbow extension
- Soft tissue massage to surrounding musculature if needed: biceps, upper trapezius, levator, etc.

GOALS

- Maintain integrity of repair
- Gradually increase passive ROM
- Diminish pain & inflammation
- Prevent muscular inhibition

PRECAUTIONS

- Maintain arm in brace, remove only for exercise for first 6 weeks
- No lifting of any objects
- No excessive shoulder abduction, no external rotation past 40 degrees with elbow at side
- No supporting of body weight by hands
- Keep incision clean & dry

Phase 2 (2-6 weeks)

- Begin Codman's (long arm distraction – prone arm hang over edge of bed if too guarded)
- Begin gradual passive forward flexion as tolerated only in supine position
- Maintain ER restriction no greater than 40 degrees with arm neutral

- Continue with soft tissue massage
- Ensure full elbow supination & extension, if not, mobilize radio-ulnar joint
- Begin using pulleys at week 4, pain free
- Scapular stabilization exercises

GOALS

- Allow healing of soft tissue
- Do no overstress healing tissue
- Gradually restore full passive ROM
- Decrease pain & inflammation

PRECAUTIONS

- Avoid ER beyond 40 degrees with arm neutral

Phase 3 (6-10 weeks)

- Begin AAROM, AROM with forward elevation & if pain free can begin scapular plane, continue toward full ROM
- Gradually increase external rotation toward full ROM
- Stretch/ensure scapular thoracic mobility, AC joint mobility
- Scapular isometrics
- Gentle capsular stretching
- AROM: Glenohumeral retraction & depression during forward elevation (flexion) while supine
- May begin light isometrics with elbow flexed to side
- Goal at 8 weeks is full passive range of motion

GOALS

- Full AROM, PROM, gradual restoration of shoulder muscular endurance

*If you have any problems or questions,
please call your doctor's office (8am-5pm).*

Answering service for after hours.

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PRECAUTIONS

- No unrestricted weight training or contact athletics

Phase 4 (10-12 weeks)

- Begin side lying exercises, partial range of motion (side lying abduction, ER, IR, extension, flexion, adduction then gradually adding weight)
- Ensure rhomboids, lower & middle trap strong & able to withstand resistance without upper trap compensation
- Strengthen serratus anterior: prone prop, wall push up, etc.
- Rhythmic stabilization exercises in supine, side lying, etc.
- Overhead ball exercises
- Chest pass, light recreational throwing
- Standing flexion, adduction PRE's with very light free weights (begin with single planes & advance to combined motions)
- Can do resistive pulleys with light weight
- Check grip strength – address elbow & forearm with increased weight
- Continue soft tissue work/joint mobilization

GOALS

- Introduce muscular endurance with light weight & several repetitions without upper trap compensation

Phase 5 (12-16 weeks)

- Seated: free weights pec fly, lat pull down (front grip to sternum – avoid excessive extension)
- Supine modified pec fly (elbows straight & bent) light resistance 1-2 pounds partial ranges, high repetitions
- Military press free weights; bench press free weights (very light weight – 10-20 pounds)
- Partial pushups while body weight is supported on ball progressing to full pushups
- Plyometrics against wall advancing as able
- Make sure full range of motion – continue soft tissue, joint mobilization as necessary

GOALS

- Introduce dynamic/functional movement sport-specific

Phase 6 (17-25 weeks)

GOALS

- Advance strengthening & sport specific training