

Pec Major Tendon Repair Rehabilitation Guidelines

	RANGE OF MOTION	IMMOBILIZER	EXERCISES
PHASE I 0-6 weeks	<p>0-3 weeks: None</p> <p>3-6 weeks: Begin PROM</p> <p>Limit 90° flexion, 45° ER, 20° extension, 45° abduction</p>	<p>0-2 weeks: Immobilized at all times day and night</p> <p>Off for hygiene and gentle exercise according to instruction sheets</p> <p>2-6 weeks: Worn daytime only</p>	<p>0-2 weeks: Elbow/wrist ROM, grip strengthening at home only</p> <p>2-6 weeks: Begin PROM activities Limit 45° ER, 45° abduction Codman's, posterior capsule mobilizations; avoid stretch of anterior capsule</p>
PHASE II 6-12 weeks	<p>Begin active/active assisted ROM, passive ROM to tolerance</p> <p>Goals: full ER, 135° flexion, 120° abduction</p>	None	<p>Continue Phase I work; begin active assisted exercises, deltoid/rotator cuff isometrics at 8 weeks</p> <p>Begin resistive exercises for scapular stabilizers, biceps, triceps and rotator cuff*; initiate closed-chain scapula</p> <p>No resisted IR/Adduction</p>
PHASE III 12-16 weeks	Gradual return to full AROM	None	<p>Advance activities in Phase II; emphasize external rotation and latissimus eccentrics, glenohumeral stabilization; plank/push-ups @ 16 wks</p> <p>Begin muscle endurance activities (upper body ergometer)</p> <p>Cycling/running okay at 12 weeks</p>



DR. DAN JOHNSON

ORTHOPEDIC SPORTS MEDICINE

PHASE IV 4-5 months**	Full and pain-free	None	Aggressive scapular stabilization and eccentric strengthening Begin plyometric and throwing/racquet program, continue with endurance activities Maintain ROM and flexibility
PHASE V 5-7 months	Full and pain-free	None	Progress Phase IV activities, return to full activity as tolerated

*Utilize exercise arcs that protect the anterior capsule from stress during resistive exercises, and keep all strengthening exercises below the horizontal plane in phase II

**Limited return to sports activities