

Rehabilitation Protocol: Pectoralis Tendon Repair

Name:	Date:
Diagnosis: _	Date of Surgery:
Sling Rang	Veeks 0-2) : Sling immobilization for 2 weeks e of Motion: Passive rest for full 2 weeks apeutic Exercises: No exercise until end of 2 nd week
Sling Sling Rang	Forward flexion to 45° (week 2) – Increasing 5-10° per week Week 3: Begin abduction to 30° – increasing 5° per week Week 5: Flexion to 75°, abduction to 35°, external rotation to 15° (at 0° of abduction) apeutic Exercises Gentle isometrics to shoulder/arm EXCEPT pectoralis major (week 3) Scapular isometric exercises (week 3)
○ ○ ● Phase III	Gentle submaximal isometrics to shoulder, elbow, hand, and wrist (week 5) Active scapular isotonic exercises (week 5) (Weeks 6-12)
• Rang • Ther: • • • •	e of Motion: Continue passive ROM to full – full shoulder ROM by week 12 apeutic Exercises Continue gentle sub maximal isometrics progressing to isotonics (week 6) Begin sub maximal isometrics to pectoralis major in a shortened position progressing to neutral muscle tendon length (avoid isometrics in full elongated position) (week 6) Progressive resistive exercises – isotonic machines (week 8) Theraband exercises (week 8) Scar mobilization techniques (week 8) Week 12: Progress strengthening exercise: isotonic dumbells, 2-handed sub maximal plyometrics
Phase IV	(Weeks 12-16+)

- Gradual return to athletic activity as tolerated
- Continue to progress functional activities of the entire upper extremity
- Avoid bench press motion with greather than 50% of prior 1 repetition max (RM)
- Gradually work up to 50% of 1 RM over next month
- Stay at 50% of prior 1 RM until 6 months post op, then progress to full slowly

Frequency:	times per week	Duration:	weeks
riequency.	times per week		week

Signature: _____

Date: _____