PHYSICAL THERAPY PRESCRIPTION



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PAT	IENT	STI	CKER

PECTORALIS MAJOR REPAIR PROTOCOL

Surgical Date:					
Side: ☐ Right	□ Left				
Diagnosis: Pectoralis Major Repair					

Diagnosis	s: Pectoralis Major Repair			
<u>Postop</u>	Goals	<u>Precautions</u>	<u>Exercises</u>	
Weeks 4-6 HEP daily	Edema and pain control Elbow wrist, hand ROM FF 90° (arm adducted)	Sling except for exercises No backward extension (BE) No AROM: (supine PROM only) No active IR or adduction ER max 20° FF max 90°	Elbow, wrist and hand ROM Pendulums OK (NO Codmans) Supine passive FF max 90°, arm adducted Cuff and deltoid isometrics	
Weeks 6-12 HEP daily	Full passive FF, ER 50° Scapulohumeral rhythm	DC sling No BE No resisted IR/adduction No pushups, heavy lifting or sports Avoid repetitive overhead activities	Gradually progress ROM Side-lying scapular exercises Scapular retraction with bands Physioball stabilization Hydrotherapy (AA- FF, gentle IR/ER) Isometric IR/ER	
Weeks 12-16 HEP daily	Full ROM Improve periscapular and rotator cuff strength	No sling No BE Avoid pain with therapeutic exercises and functional activities	Progress A/AA/PROM as tolerated Pulleys Begin cycling and running Initiate light pectoralis strengthening (light dumbbell press and wall pushups) Horizontal adduction (fly's) Serratus punch, seated row (arc) Upperbody ergometry	
Weeks 16-22 HEP daily	Improve strength and flexibility	No sling Avoid pain with therapeutic exercises and functional activities No sports until adequate strength development and MD clearance	Gentle pectoral stretches Continue pectoralis strengthening (dumbbell press, chest press, flys, pushups) Begin planks & pushups Continue scapular strengthening Initiate plyometric program Begin throwing program (for throwers)	
Weeks 22+ HEP daily	Return to play Unrestricted activity	Avoid high weight, low reps bench No sports until adequate strength development and MD clearance	Increase strengthening intensity Improve endurance Improve flexibility Advance plyometric program Sport specific exercises	
Frequenc	y & Duration: □ 1-2	□ 2-3 x/week for weeks	Home Program	
Physician	Physician's Signature:M.D.			