Jennifer Thomson, MD
ORTHOPAEDIC SURGERY | SPORTS MEDICINE

Rehabilitation Protocol: Pectoralis Tendon Repair

Phase I: 0-2 weeks

- Brace: Shoulder immobilizer at all times
- ROM: begin active/passive elbow/wrist/hand ROM
> No shoulder ROM
- Weightbearing: Non-weightbearing
- Exercises:
-- Grip strengthening

Phase II: 2-6 weeks

- Brace: Continue shoulder immobilizer
- ROM:
> Continue elbow/wrist/hand ROM
> After week 3 - Shoulder passive ROM only:
-- Keep arm in front of axillary line (no shoulder extension)
-- Supine forward flexion to 90 degrees
-- External rotation to 30 degrees
-- No abduction
- Weightbearing: <5 lbs
- Exercises:
-- Begin cuff isometrics
-- Posterior capsule mobilizations
-- Avoid stretch of anterior capsule

Phase III: 6-12 weeks

- Brace: May discontinue shoulder immobilizer
- ROM:
> Begin Active/Active Assist shoulder motion
> Restore full passive shoulder ROM (no limits) - goals: full ER, 135 flexion, 120 abduction
- Weightbearing: <5 lb weights at side only (limit pec engagement)
- Exercises:
-- Cuff/deltoid/scapular stabilizer strengthening beginning at 8 weeks
-- Begin resistive exercises for scapular stabilizers, biceps, triceps, and rotator cuff. -- Closed chain exercises preferred
-- No resisted internal rotation/adduction

Phase IV: 12-16 weeks

- Brace: None
- ROM: gradual return to full active ROM
- Weightbearing: every day activities
- Exercises:
-- Advance Phase III exercises
-- Emphasize ER and latissimus eccentrics, glenohumeral stabilization
-- Begin muscle endurance activities with low resistance (upper body ergometer)
-- Cycling/running okay at 12 weeks

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Phase V:
4-6 months

- Brace: None
- ROM: full, normal ROM
- Weightbearing: as tolerated
- Exercises:
-- Progress with strengthening
-- Allow light bench press
-- Begin throwing/racquet program

May resume full strengthening activities at 6 months

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