PECTORALIS MAJOR TENDON REPAIR
CLINICAL PRACTICE GUIDELINE

Progression is time and criterion-based, dependent on soft tissue healing, patient demographics and clinician evaluation. Contact Ohio State Sports Medicine at 614-293-2385 if questions arise.

| Phase I: Weeks 1-4 | • Immobile in sling per physician (Typically 6-8 weeks)  
|                    | • Pendulums  
|                    | • Wrist and elbow ROM  
|                    | • Avoid active movement in all directions  

**Goals to Progress to Next Phase**
1. Decrease pain  
2. Minimal to no edema

| Phase II: Weeks 4-6 | • Begin PROM: avoiding abduction, ER  
|                    | • Scapular clocks, retraction, depression, protraction  
|                    | • Scapular PNF  
|                    | • Scapular mobility  
|                    | • Begin table weight shifts for weight bearing through UEs  
|                    | • Grades I-II (anterior, posterior, distraction) oscillatory joint mobilizations  
|                    | • Stationary bike with immobilizer

**Goals to Progress to Next Phase**
1. 75-100% PROM, except ER- keep to no more than 30-40 degrees  
2. Sleeping through the night

| Phase III: Weeks 6-8 | • Initiate AAROM-progress to AROM as tolerated toward 8th week  
|                     | • Can push PROM ER beyond 40 degrees  
|                     | • Grade III sustained joint mobilizations for capsular restriction  
|                     | • Isometrics-flexion, extension, abduction, ER, horizontal abduction  
|                     | • Progress scapular strengthening  
|                     | • Can progress weight bearing to quadruped, tripod (1UE +2LE)  
|                     | • Avoid active adduction, horizontal adduction, IR

**Goals to Progress to Next Phase**
1. 75-100% full AAROM without pain  
2. AAROM flexion, abduction, ER, IR without scapular or upper trap substitution  
3. Tolerate PRE’s for scapular stabilizers and shoulder complex  
4. No reactive effusion
# Phase IV:
**Weeks 8-12**
- Gain full ROM through stretching and grade III mobilizations
- Active flexion, abduction, adduction strengthening - avoid IR/flexion/horizontal adduction
- Progress scapular strengthening and progress rotator cuff strengthening avoiding IR
- Begin submax pectoralis strengthening
- Wall pushups progressing to table pushups, uneven surfaces
- Dynamic stabilization, perturbations, weight bearing planks on hands
- Active ER, horizontal abduction - not to end range

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<thead>
<tr>
<th>Goals to Progress to Next Phase</th>
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<tbody>
<tr>
<td>1. Full AROM</td>
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<td>2. Increased strength/ proprioception with exercise without an increase in symptoms</td>
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# Phase V:
**Weeks 12-24**
- Progress scapular and rotator cuff strengthening- including IR
- Single arm pectoralis major strengthening- therabands then progress to dumbbell bench press with light weight/ high reps, avoiding a wide grasp, and end range ER/ABD.
- Pushups- avoiding humeral abduction beyond frontal plane
- Progress into UE plyometrics- eg. wall taps, chest pass (bilateral)
- PNF D1, D2

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<td>1. Tolerate high level of strengthening and plyometrics without an increase in symptoms</td>
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<td>2. Tolerate/progress single arm strengthening of pec</td>
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<td>3. No pain with any strengthening activities</td>
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# Phase VI:
**Months 6-9**
- Discourage 1RM for bench press
- Prepare for return to sport
  - Use of One-Arm Hop Test as outcome measure for return to sport- reliable for comparing performance in injured and contralateral uninjured UEs

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<th>Goals to Progress to Return to Sport</th>
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<tr>
<td>1. Sufficient score on functional test- isokinetic or one arm hop test- to allow safe return to sport</td>
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## References


