**PECTORALIS MAJOR REPAIR REHAB PROTOCOL**

**Weeks 1 – 4**

* Immobilize in sling per physician (4-6 weeks)
* Pendulums
* Wrist and elbow ROM

**Goals for Progression to Next Phase**

* Decreased pain
* Minimal to no edema

**Weeks 4 – 6**

* Begin PROM, avoiding abduction, external rotation
* Scapular clocks, retraction, depression, protraction
* 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 for Progression to Next Phase**

* 75-100% PROM, except ER- keep to no more than 30-40 degrees
* Sleeping through the night

**Weeks 6 – 10**

* 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
* Avoid active adduction, horizontal adduction, IR

**Goals for Progression to Next Phase**

* 75-100% full AAROM without pain
* AAROM flexion, abduction, ER, IR without scapular or upper trap substitution
* No reactive effusion

**Weeks 10-14:**

* 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 light 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

**Goals for Progression to Next Phase**

* Full AROM
* Increased strength/ proprioception with exercise without an increase in symptoms

**Weeks 14 – 24**

* Progress scapular and rotator cuff strengthening, including IR
* Single arm pectoralis major strengthening: theraband, 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)

**Goals for Progression to Next Phase**

* Tolerate high level of strengthening and plyometrics without an increase in symptoms
* Tolerate/progress single arm strengthening of pec
* No pain with any strengthening activities

**Months 6 – 9**

* Continue Strengthening
  + Discourage 1 repetition max for bench press
* Prepare for return to sport