



THE ORTHOPEDIC PARTNERS  
AN RCM CLINIC  
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# Pectoralis Major Tendon Repair Protocol

## Phase 1

- **Sling:** **Wear sling with waistband at all times, including while sleeping. Weeks 0-6**
  - Do not perform active arm/shoulder movements as this may damage the repair
- **Weeks 0-2**
  - Perform scapular stability (shrugs, retraction) and grip exercises as shown
  - Wrist and hand motion such as typing okay after 5 days. (Do not rotate the arm away from the body/stomach more than 70°). Minimal movement such as light grip/relaxing of the hand is encouraged soon after surgery.
  - Limit abduction at 10°- 30° while changing/ showering (keep hand pronated)
  - **No resistance/ holding objects with the arm/hand greater than 1-2 lb**
- **Weeks 2-6**
  - **Goals to approach during phase as guided by Physical Therapy** (Slow progress of 5° increase per week from baseline): **PASSIVE MOTION ONLY.** Forward elevation 45°- 85°, external rotation neutral (0°), abduction in scapular plane 30°- 50° (keep hand pronated, NO external rotation in abduction)
  - **No internal rotation, pulleys, pool therapy, or electric stimulation until Phase 2**
  - **No resistance/ holding objects with the arm/hand greater than 1-2 lb**

## Phase 2

- **Weeks 6-9**
  - May discontinue sling after follow-up appt.
  - Introduce assisted active ROM, then progress to active ROM as directed by your provider and physical therapist (begin only as far as tolerated)
  - **Goals to approach during phase** (Slow progress of 5°- 10° increase per week) Forward elevation 140+°, external rotation 45°- 90°, abduction 60° (limit external rotation/throwing position in abduction to 45°- 60°)
  - **No resistance/ holding objects with the arm/hand greater than 3-4 lb**
- **Weeks 9-14**
  - Continue slowly progressing passive/active ROM
  - Goals: Approach full ROM, wk 12-14. Forward elevation 160°+, external rotation 45°+ at neutral and 45°- 90° (with 30°- 90° abduction), \*slowly increase external rotation in abduction by 5°- 10° per week (do not push excessively to match other side), internal rotation 60°- 90° (with 30°- 90° abduction), abduction 120°+
  - Include light band/isometric resistance as directed. NO extreme external rotation/throwing position
  - **Wk 12: May increase resistance/ holding objects up to 15 lb**

### Phase 3

- Weeks 14-20
  - Gradually introduce strengthening program with guidance from physical therapy
  - Goals: Achieve pain-free and full active ROM in all planes
  - **Limit direct push/bench press actions to <50% of pre-injury limit (until 24 wk)**

### Phase 4

- Weeks 20+
  - Gradually increase strengthening program with close guidance from physical therapy and physician. Slowly progress over 6-8 weeks to achieve 90% effort
  - Goals (wk 20-24): Achieve pain-free and full active ROM in all planes
  - Goals (wk 24+) Normal sports/activity. Starting with low-intensity activity
  - **We advise against intense sports/activity with likely impact, falls, or risk of forceful twisting of the shoulder until 6 months post-op**

### Key Points

- **Wear sling with waistband at all times, including while sleeping. Weeks 0-6**
- **Limit explosive motion and extreme force with the pectoralis muscle group until completing Phase 4 with guidance**

