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SPORTS MEDICINE & ORTHOPEDICS

POSTOPERATIVE REHABILITATION GUIDELINES PECTORALIS MAJOR REPAIR

Name: _____ Date: _____

Diagnosis: _____

Date of Surgery _____

Frequency: 1 2 3 4 times/week

Duration: 1 2 3 4 5 6 Weeks

0-2 Weeks:

- Sling at all times. Keep incision dry.
- May begin active/passive elbow/wrist/hand ROM

2-6 Weeks:

- Continue sling.
- Continue elbow/wrist/hand ROM
- Shoulder passive ROM only
- Keep arm in front of axillary line. (no shoulder extension)
- Supine FF to 90°, ER to 30
- Begin Cuff Isometrics.°

6-12 Weeks:

- May D/C sling.
- Begin Active/Active Assist shoulder motion.
- Restore Full passive shoulder ROM (No Limits).
- Cuff/Scapular stabilizer strengthening.

Week 12-6 Months:

- No immobilization.
- Progress with strengthening.
- Allow light bench press.
- May resume full strengthening activities at 6 months.

Comments:

___ Functional Capacity Evaluation ___ Work Hardening/Work Conditioning ___ Teach HEP

Modalities:

___ Electric Stimulation ___ Ultrasound ___ Iontophoresis ___ Phonophoresis
 ___ TENS ___ Heat before/after ___ Ice before/after ___ Trigger points massage
 ___ Therapist's discretion
 ___ Other _____

Signature: _____ Date: _____