SCHOOL OF MEDICINE
DEPARTMENT OF ORTHOPAEDICS & REHABILITATION

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Pectoralis Major Tendon Transfer or Repair

To start 0-2 weeks post op
1-2 x wk for 12+ wks

0-6 weeks post-op (may begin these the day after surgery):

- Keep arm in sling/immobilizer at all times except for exercises below
- *Typically remove sling by 4 weeks post-op or earlier at surgeon's discretions*
- Remove arm from sling three times per day for the following therapeutic exercises:
  - Fully bend and straighten your fingers, your wrist, and your elbow several times
  - Pendulums (directions and a picture of this can be found on the post-op instruction sheet
  - Work on finger straightening and use a foam ball to work on hand grip/strength
- Keep arm in sling/immobilizer during the day. It's OK to take arm out of sling/immobilizer at night
- Sub-maximal isometrics for rotator cuff in immobilizer (flexion/extension/abduction/adduction/IR/ER)
- **No passive external rotation and abduction exercises for 6 weeks**
- Begin chin tucks for cervical ROM
- Passive ROM with ATC or PT supervision (no shoulder pulleys without supervision)
  - Flexion to 60°, extension neutral, abduction to 90°, ER to 0° (arm at side)
- Begin scapular strengthening
  - Elevation with shrugs, depression/retraction/protraction with manual resistance
- Ice, TENS, cross friction scar massage, other modalities as needed

6 weeks post-op:

- Continue therapeutic exercises as above
- Progress ER PROM to full
- Begin light Theraband ER strengthening with elbow at side
- Passive ROM with shoulder pulleys
  - Flexion to 90° and abduction to full overhead, as tolerated
  - Extension to 30°
  - ER to 45° with arm at side and in 90° of abduction
  - IR to 30° with arm at side and in 90° of abduction
- Begin standing or supine AAROM
- Begin wall walks in forward flexion and abduction
- Thermal ultrasound, TENS, other modalities as indicated
- Begin wall push-ups
- Begin isotonic rotator cuff strengthening (progress weight/resistance as tolerated up to 6-8 lbs)
  - Standing flexion, extension, abduction, and scaption with thumb down (dumbbells or Therabands)
  - Standing IR and ER with Therabands (use pillow under arm to keep 25° abduction)
- Scapular strengthening
  - Elevation with dumbbell shrugs
  - Depression with seated press ups (use hand blocks for greater ROM as tolerated)
  - Retraction with prone dumbbell rows or seated Theraband rows
  - Protraction with supine punches (using dumbbells or manual resistance)

3-6 months post-op:

- Continue therapeutic exercises as above
- Beggin standard push ups
- Submax Isolated biceps and triceps
- Continue maintenance strengthening
- Ok to run

6 months post-op

- Return to sport/activity only if:
    - No pain with activity
    - Full return to sport

Assessment for full return to activity by treating surgeon