Pectoral Tendon Repair Rehabilitation Protocol

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This protocol provides general guidelines for rehabilitation following pectoral tendon repair. Progression should be individualized based on the procedure, healing, and patient response, with modifications as directed by the surgeon.

Phase	Goals	Precautions / Restrictions	Treatment
Weeks 0-6	● **Protect surgical site** ● Decrease pain and inflammation ● PRICE principles ● **Maintain integrity of repair** ● Improve scapular mechanics	● **No lifting of any object** ● Wear immobilizer with bolster except for hygiene and exercise performance (6 weeks) ● **No ROM x 6 weeks**	**General guidelines** ● Active assisted range of motion of elbow, wrist and hand. ● Scapular retraction ● Cryotherapy: 5-7times per day **Initial visit** ● FOTO, QuickDASH **Week 2-3** ● Core training may be initiated
Weeks 6-12	● **Maintain integrity of repair** ● Progress PROM ● Initiate AAROM to AROM ● Goals at week 12: ● Full ER ● **135**^{0} flexion, ● **120**^{0} abduction ● **Normal scapular mechanics at week 12** ● Improve muscle activation ● Improve motor control	● Sling worn for comfort beginning week 6, wean as tolerated ● **Do not force motion** ● **No weight bearing through involved shoulder** ● **No resisted IR or adduction** ● Keep all strengthening exercises below the horizontal plane	**General guidelines** Week-specific instructions are listed below. **Week 6** ● PROM in all planes as tolerated. ● FOTO, QuickDASH **Week 8** ● AAROM initiated and advanced to AROM as tolerated ● Shoulder isometrics may be initiated ● Begin resistive exercises for: scapular stabilizers, biceps, triceps, and rotator cuff. (below horizontal plane) ● Core/LE training ● Single plane/multi joint exercises ● Balance/proprioception
Weeks 12-16	● **Maintain integrity of repair** ● Progress RTC exercises ● Progress scapular stabilizer strengthening ● Full range of motion without compensation	● **Do not force motion** ● **No weight bearing through involved shoulder**	**General guidelines** ● Advancement to isotonic exercise program per tolerance in all planes **Week 12** ● Begin muscle endurance exercise on upper body ergometer ● Cycling and Running permitted ● FOTO, QuickDASH
Weeks 16-24	● Address any remaining asymmetries in strength, endurance and movement patterns	● May begin loading through shoulder and initiate push-ups and bench press ● **Avoid aggravation of repair**	**General guidelines** ● Continue with multiplane strength and initiate multiplane stretching. ● **Avoid aggravation of repair** ● Advance proprioception exercises ● Anaerobic and aerobic interval training (low impact)

Phase	Goals	Precautions / Restrictions	Treatment

	● Initiation of power development in athletes	● Continue with low impact activity	**Week 16**
			● Core/LE training
			  ● Light loading through shoulder begins
			  ● Multi plane/multi joint exercises
			  ● Balance/proprioception
			● FOTO, QuickDASH
			● HHD testing (**per MD)**
			Week 20
			● Initiate plyometric activity
			● Initiate interval sports program
			  ● Met strength and mobility goals
			  ● Begin throwing program, running program, golf program

Weeks >24	● Initiate return to sport progression ● Initiate plyometric exercise progression ● Initiate higher level impact activity	● Focus on form and control during exercise performance ● Use of appropriate work rest intervals ● Assess tolerance to activity during, after and at 24 hours after activity ● **No lifting greater than 50% pre op 1RM until 6 months post op**	**General guidelines** ● Low level sport specific activity, progressing to higher demand activity ● Continue with Anaerobic and aerobic interval training ● Continue with core stability ● Stability in all planes of motion ● Progress plyometric activities **Week 24** ● FOTO, QuickDASH