

**OA Physical Therapy Center**

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**PEC MAJOR TENDON REPAIR**

**REHABILITATION PROTOCOL**

**RANGE OF MOTION IMMOBILIZER EXERCISES**

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| **PHASE I**  **0-6 weeks** | **0-3 weeks:** None  **3-6 weeks:** Begin PROM  Limit 90° flexion, 45° ER,  20° extension, 45° abduction | **0-2 weeks:**  Immobilized at all times day and night  Off for hygiene and gentle exercise according to instruction sheets  **2-6 weeks:**  Worn daytime only | **0-2 weeks:** Elbow/wrist ROM,  grip strengthening at home only  **2-6 weeks:**  Begin PROM activities  Limit 45° ER, 45° abduction  Codman’s posterior capsule mobilizations; avoid stretch of Anterior capsule |
| **PHASE II**  **6-12 weeks** | Begin active/active-assisted ROM, passive ROM to tolerance  **Goals:** Full ER, 135° flexion, 120° abduction | **None** | Continue Phase I work; begin active-assisted exercises, deltoid/rotator cuff isometrics at 8 weeks  Begin resistive exercises for scapular stabilizers, biceps, triceps and rotator cuff\*; initiate closed –chain scapula  No resisted IR/adduction |
| **PHASE III**  **6-12 weeks** | Gradual return to full  AROM | **None** | Advance activities in Phase II;  Emphasize external rotation and latissimus eccentrics, glenohumeral stabilization; plank/push-ups @16 weeks  Begin muscle endurance activities (upper body ergometer)  Cycling/running okay at 12 weeks |
| **PHASE IV**  4-5 months\*\* | Full and pain free | **None** | Aggressive scapular stabilization and eccentric strengthening  Begin plyometric and throwing/racquet  Program, continue with endurance activities  Maintain ROM and flexibility |
| **PHASE V** | Full and pain free | **None** | Progress Phase IV activities, return to full activity as tolerated |

***\*Utilize exercise arcs that protect the anterior capsule from stress during resistive exercises, and keep***

***all strengthening exercises below the horizontal plane in phase II***

***\*\*Limited return to sports activities***