

Patient: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

**Procedure: Right/Left Pectoralis Repair**

**First week:** Sling at all times except for hygiene and pendulums if instructed. Home exercises of elbow and wrist ROM, grip strengthening and small pendulums.

**Phase I (0-6 wks): *Begin formal PT (2-3x per week)***

**Weight bearing:** NWB, ok for typing if in sling

**Brace:** Sling at all times except hygiene. Pillow is optional for sling.

**Ice:** Not directly on skin, recommend as much as possible. 5x/day, 20 min/session for first 2 weeks. Then after activity at minimum.

**ROM:** PROM only – only should be performed with arm adducted and limited to 130° degrees. ER limited to neutral with arm at side. IR to belly. Goals at 6 weeks: 130° FE, 0° ER, IR Belly.

**Exercises:** None except grip strengthening.

**Phase II (6-12 wks): *Discontinue immobilization***

**Weight bearing:** < 2-5 lbs operative arm

**Brace:** Discontinue sling after 6 weeks.

**ROM:** Light passive stretching at end ranges. Begin AAROM (canes, pulleys, etc.) and progress supine to vertical. Gradually progress with AROM. Goal full motion by 12 weeks.

**Exercises:** Begin periscapular, deltoid and cuff isometrics with arm below shoulder level. Avoid any adduction, internal rotation strengthening until after 12 weeks. No resisted shoulder motions until after 12 weeks.

**Phase III (12 wks-18 wks): *Progress with strength***

**Weight bearing:** Advance to tolerance for daily activities.

**ROM:** No restriction

**Exercises:** Advance as tolerated to bands and to light weights (1-5 lbs) with 8-12 reps x 2-3 sets for cuff, deltoid, scapular stabilizers. No more than 3x / week to avoid cuff tendinitis.

**Phase IV (18 wks to 9 mo): *Advanced activities***

**Weight bearing:** Full

**Sports:** At 4 months if full strength achieved can return to light weight high rep pushups and bench.

**Work:** Overhead heavy lifting can begin to tolerance at ~4 months. Heavy labor may take ~5 months.

**Exercises:** Begin eccentrically resisted motions, plyometrics (weighted ball toss), proprioception and progress to sport specific, job specific conditioning.

Frequency: \_\_\_\_\_x/week x \_\_\_\_\_weeks

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.

\_\_\_\_\_ Date: \_\_\_\_\_

**Dax Varkey MD, MPH**