



## PEC MAJOR TENDON REPAIR REHABILITATION PROTOCOL

	RANGE OF MOTION	IMMOBILIZER	EXERCISES
<b>PHASE I</b> 0-6 weeks	<p><b>0-3 weeks:</b> None</p> <p><b>3-6 weeks:</b> Begin PROM Limit 90° flexion, 45° ER, 20° extension, 45° abduction</p>	<p><b>0-2 weeks:</b> Immobilized at all times day and night</p> <p>Off for hygiene and gentle exercise according to instruction sheets</p> <p><b>2-6 weeks:</b> Worn daytime only</p>	<p><b>0-2 weeks:</b> Elbow/wrist ROM, grip strengthening at home only</p> <p><b>2-6 weeks:</b> Begin PROMactivities Limit 45° ER, 45° abduction Codman's, posterior capsule mobilizations; avoid stretch of anterior capsule</p>
<b>PHASE II</b> 6-12 weeks	<p>Begin active/active-assisted ROM, passive ROM to tolerance</p> <p><b>Goals:</b> full ER, 135° flexion, 120° abduction</p>	None	<p>Continue Phase I work; begin active-assisted exercises, deltoid/rotator cuff isometrics at 8 weeks</p> <p>Begin resistive exercises for scapular stabilizers, biceps, triceps and rotator cuff*; initiate closed-chain scapula</p> <p>No resisted IR/Adduction</p>
<b>PHASE III</b> 12-16 weeks	Gradual return to full AROM	None	<p>Advance activities in Phase II; emphasize external rotation and latissimus eccentrics, glenohumeral stabilization; plank/push-ups @ 16 wks</p> <p>Begin muscle endurance activities (upper body ergometer)</p> <p>Cycling/running okay at 12 weeks</p>
<b>PHASE IV</b> 4-5 months**	Full and pain-free	None	<p>Aggressive scapular stabilization and eccentric strengthening</p> <p>Begin plyometric and throwing/racquet program, continue with endurance activities</p> <p>Maintain ROM and flexibility</p>
<b>PHASE V</b> 5-7 months	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