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Physical Therapy Prescription – Pectoralis Major Repair

Name: _____

Date: _____

Diagnosis: R / L pectoralis major repair

Date of Surgery: _____

Frequency: 2-3 times per week for _____ weeks, **beginning 2 weeks after surgery**

Phase I (Weeks 0 – 8):

- **Sling with abduction pillow:** Continue for a total of 6 weeks; off for hygiene only
- **Range of Motion:** Gentle supine PROM and AAROM as tolerated; avoid horizontal adduction
- **Exercises:** elbow/wrist ROM, and grip strengthening only for 1st 2 weeks
 - Weeks 2-8: begin pendulums, closed chain scapular stabilizers, deltoid/rotator cuff isometrics while supine or with gravity eliminated; no lifting with involved extremity
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase II (Weeks 8 – 16):

- **Sling:** Discontinue
- **Range of Motion:** Advance PROM and AROM as tolerated
- **Exercises:** continue Phase I; begin active-assist exercises in all planes; initiate scapular AROM exercises; no lifting >5 lbs
 - Week 12: begin vertical positioned (upright) strengthening
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase III (Weeks 16 – 24):

- **Range of Motion:** Progress to full AROM in all planes
- **Exercises:** continue Phase II, begin sport-specific exercises at week 20 if cleared by MD
- Consider return to sport at 24 weeks pending surgeon approval

Signature: _____

Date: _____