

Pectoralis Repair Surgery Protocol

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Phase I (Post-op until week 6) Protective Phase

- Sling immobilization; worn at all times for the first 4 weeks except for hygiene and gentle exercises
- After 4 weeks, sling may be worn at night for another 2-3 weeks
- No shoulder ROM for the first 2 weeks except low arc pendulums
- Initiate PROM between weeks 2–3
- Limit PROM to: flexion 90°, external rotation 45°, extension 20°, abduction 45°
- Elbow and wrist ROM and grip strengthening
- Codman’s pendulum exercises once PROM initiated
- Posterior capsule mobilizations as indicated
- Avoid anterior capsule stretching and excessive extension
- Control pain and inflammation

Phase II (Weeks 6–12) Early Motion and Strengthening Phase

- Discontinue sling use unless otherwise directed
- Begin active-assisted and active ROM progression
- ROM goals: full passive ROM by week 8-10 ideally
- Continue Phase I exercises
- Initiate deltoid and rotator cuff isometrics at approximately 8 weeks
- Begin light resistive strengthening of scapular stabilizers, rotator cuff, biceps, and triceps
- Initiate closed-chain scapular stabilization exercises
- Avoid resisted internal rotation and adduction
- All strengthening to remain below horizontal plane during this phase until week 10-12

Phase III (Weeks 12–16) Strengthening Phase

- Gradual progression to full active ROM
- Advance strengthening emphasizing external rotation control and latissimus eccentric strengthening
- Glenohumeral and scapulothoracic stabilization
- Initiate plank and push-up progressions at approximately 16 weeks
- Begin muscular endurance training (upper body ergometer)
- Walking, cycling, or running permitted as tolerated

Phase IV (Months 4–5) Advanced Strengthening Phase

- Full and pain-free ROM required



- Aggressive scapular stabilization and eccentric strengthening
- Initiate plyometric program
- Maintain ROM, flexibility, and endurance conditioning

Phase V (Months 5–7) Return to Activity Phase

- Progress advanced strengthening and functional training
- Return to unrestricted activity and sport as tolerated once cleared by physician

****Special Considerations:****

- Strengthening arcs should protect the anterior capsule, particularly during Phase II.
- Return to sport is individualized and surgeon-directed.

****Progression Criteria:**** Advancement through phases is criteria-based and dependent on pain control, restoration of motion, strength, neuromuscular control, tissue healing, and patient compliance.