

## PEC MAJOR TENDON REPAIR REHABILITATION PROTOCOL

	<b>RANGE OF MOTION</b>	<b>IMMOBILIZER</b>	<b>EXERCISES</b>
<b>PHASE I</b> 0-6 weeks	<b>0-3 weeks:</b> None <b>3-6 weeks:</b> Begin PROM Limit 90° flexion, 45° ER, 20° extension, 45° abduction	<b>0-2 weeks:</b> Immobilized at all times day and night  Off for hygiene and gentle exercise according to instruction sheets  <b>2-6 weeks:</b> Worn daytime only	<b>0-2 weeks:</b> Elbow/wrist ROM, grip strengthening at home only  <b>2-6 weeks:</b> Begin PROM activities  Limit 45° ER, 45° abduction  Codman's, posterior capsule mobilizations; avoid stretch of anterior capsule
<b>PHASE II</b> 6-12 weeks	Begin active/active- assisted ROM, passive ROM to tolerance  <b>Goals:</b> 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
<b>PHASE III</b> 12-16 weeks	Gradual return to full AROM	None	Advance activities in Phase II; emphasize external rotation and latissimus eccentrics, glenohumeral stabilization; plank/push-ups @ 16 wks  Begin muscle endurance activities (upper body ergometer)  Cycling/running okay at 12 weeks
<b>PHASE IV</b> 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
<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