

Alexander E. Weber, MD
 Sports Medicine Surgery
 Team Physician USC Athletics and LA Kings
Appointments: 855-SC-SPORT
Office: 818-658-5921
Cellular: 518-928-8389
Email: weberae@usc.edu
Website: www.AlexWeberMD.com



PEC MAJOR TENDON REPAIR REHABILITATION PROTOCOL

	RANGE OF MOTION	IMMOBILIZER	EXERCISES
PHASE I 0-6 weeks	0-3 weeks: None 3-6 weeks: Begin PROM Limit 90° flexion, 45° ER, 20° extension, 45° abduction	0-2 weeks: Immobilized at all times day and night Off for hygiene and gentle exercise according to instruction sheets 2-6 weeks: Worn daytime only	0-2 weeks: Elbow/wrist ROM, grip strengthening at home only 2-6 weeks: Begin PROM activities Limit 45° ER, 45° abduction Codman's, posterior capsule mobilizations; avoid stretch of anterior capsule
PHASE II 6-12 weeks	Begin active/active- assisted ROM, passive ROM to tolerance Goals: 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
PHASE III 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
PHASE IV 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
PHASE V 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