



Pectoralis Major Transfer

Post-Operative Rehabilitation Protocol

Lake Cook Orthopedics

The intent of this protocol is to provide the clinician with a guideline for the postoperative rehabilitation course of a patient that has undergone a pectoralis major transfer. This protocol is no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon

Phase 1: **Time Frame:** 0-6 weeks

Immobilization: Sling Immobilizer / Brace with 15 degrees abduction x 6 weeks. Wear continuously except for therapy, HEP and hygiene / bathing.

Restrictions: Avoid AAROM, AROM and strengthening. Limit FF to 140, No IR or shoulder extension, limit ER to 0°. ROM should be a slow stretch (not forceful).

Exercises: Gripping exercises, elbow, wrist and finger ROM, shoulder pendulums and PROM for shoulder in line with restrictions. Perform FF with arm in IR to minimize stress on repair. Instruct on HEP to perform twice daily.

Phase 2: **Time Frame:** 6-10 weeks

Immobilization: None

Restrictions: PROM only until 6 weeks. Limit ER to 30 degrees at 6 weeks, 45 degrees at 8 weeks. No strengthening. Instruct patient to continue to protect shoulder.

Exercises: Gradually increases PROM exercises without restrictions. Add AAROM at 6 weeks and AROM at 8 weeks. Modalities used as needed.

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Phase 3: **Time Frame:** 10-14 weeks

Immobilization: None

Restrictions: Exercise advancement should be gradual and in slow increments while avoiding pain. If patient develops pain, drop back to early phase of rehabilitation, until pain free. Otherwise, patient has no ROM or strengthening restrictions.

Exercises: Continue with shoulder PROM, AAROM and AROM (Goal is 85% or greater of normal PROM by 12 weeks). At 10 weeks begin shoulder isometric strengthening with arms at side (IR, ER, scapular stabilization). At 12 weeks add shoulder resistance strengthening exercises. Progression should be gradual and in slow increments while avoiding pain. At 12 weeks consider electrical stimulation to retrain pectoralis muscle for its new function as substitute for subscapularis.

Phase 4: **Time Frame:** 14-26 weeks

Immobilization: None

Restrictions: No specific restrictions. Patients ROM, strength and endurance should be advanced progressively while avoiding pain.

Exercises: ROM should be returning to normal; if not, continue to address with stretching and a HEP. Progressive upper-body strengthening may be more aggressive after 16 weeks. Add exercises simulating work or sport requirements at 18 weeks as part of return to work program.

*****Expected Recovery: 1-Year*****