



Indiana University Health

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## **Pectoralis Major Repair or Reconstruction**

*(Update 4/2025)*

### **General Post Op Instructions**

<b>Wound Care</b>	<ul style="list-style-type: none"> <li>✓ Dressings can be removed 2 days after surgery, or they can be removed at the first physical therapy appointment</li> <li>✓ If desired, incisions may be covered with simple dressings (band-aids)</li> </ul>
<b>Swelling</b>	→ Swelling and bruising are to be expected after a surgical procedure
<b>Ice and Elevate</b>	<ul style="list-style-type: none"> <li>✓ Ice 20 minutes on 20 minutes off, several times a day to help with swelling</li> <li>✓ Do not place ice or cold back directly onto the skin</li> </ul>
<b>Showering</b>	<ul style="list-style-type: none"> <li>→ Do not soak incisions in water until after stitches are removed</li> <li>→ You may begin to shower 2 days after surgery after dressings are removed               <ul style="list-style-type: none"> <li>○ Allow soapy water to run over the incision but do not scrub</li> <li>○ Dry, apply band-aid or simple dressing if needed</li> </ul> </li> </ul>
<b>Driving</b>	<ul style="list-style-type: none"> <li>✓ Dr. Call does not release people to drive at a specific date or week post op</li> <li>✓ It is unlawful to drive under the influence of opioid (strong pain) medications</li> <li>✓ Must be able to safely apply the brakes before returning to drive</li> <li>✓ Driving in a brace/sling/boot is not recommended</li> </ul>
<b>Work</b>	<ul style="list-style-type: none"> <li>→ May return to work on office or light duty as soon as the patient feels comfortable</li> <li>→ Patients who perform a lot of manual or heavy labor will be off for 3 months at least depending on the type of employment</li> </ul>

### **Weight Bearing Restrictions and Brace Use**

Pectoralis Major Repair	
Week 1-4	<ul style="list-style-type: none"> <li>✓ NWB</li> <li>✓ Sling day and night (remove three times a day for elbow ROM)</li> </ul>
Weeks 5	<ul style="list-style-type: none"> <li>✓ Progress WB of the extremity in a controlled fashion until able to lift household light objects</li> <li>✓ Sling only at night</li> </ul>
Week 6+	<ul style="list-style-type: none"> <li>✓ WB as tolerated for general use; start light weights per the protocol</li> <li>✓ DC night use of sling</li> </ul>



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### Immediate Post Operative Phase (up to week 4)

<b>Overall Goals</b>	<ul style="list-style-type: none"> <li>✓ Avoid aggressive PROM stretch</li> <li>✓ Protect the repair</li> </ul>
<b>Cautions</b>	→ Avoid Abduction external rotation for the first 2 weeks
<b>Range of Motion</b>	<ul style="list-style-type: none"> <li>✓ Shoulder PROM:               <ul style="list-style-type: none"> <li>○ Flexion to 90 degrees, progress to 120 degrees by week 4</li> <li>○ Internal rotation to 45 degrees in the scapular plane</li> <li>○ Week 2: start external rotation to 15-20 in 20 degrees abduction and progress to stretch in the scapular plane</li> <li>○ By end of week 4: achieve external rotation to 35 degrees in scapular plane</li> </ul> </li> <li>✓ Add abduction               <ul style="list-style-type: none"> <li>○ Up to 90 degrees by the end of week 4</li> </ul> </li> <li>✓ Internal rotation as tolerated in scapular plane</li> <li>✓ Hand, wrist, and elbow ROM</li> </ul>
<b>Therapeutic Suggestions</b>	<ul style="list-style-type: none"> <li>→ Hand grip exercises</li> <li>→ AA elbow flexion and extension</li> <li>→ Pendulum exercises</li> <li>→ Cervical ROM</li> <li>→ Shoulder/scapular</li> <li>→ Cryotherapy with e-stim</li> <li>→ Shoulder shrugs</li> <li>→ Submaximal isometrics</li> <li>→ Scapular proprioceptive neuromuscular facilitation</li> </ul>
<b>Progression Ready to Next Phase</b>	<ul style="list-style-type: none"> <li>✓ Pain reduced</li> <li>✓ Tolerating PROM</li> </ul> <p><i>If not all goals are met, patient may progress to the next phase with intervention plan in place to address deficiencies</i></p>

### Intermediate Rehabilitation Phase (Weeks 5 – 8)

<b>Overall Goals</b>	<ul style="list-style-type: none"> <li>✓ Improve active ROM</li> <li>✓ Transition to protected strengthening</li> </ul>
<b>Cautions</b>	<ul style="list-style-type: none"> <li>→ Avoid aggressive stretching</li> <li>→ Avoid adduction and internal rotation strengthening</li> </ul>
<b>Range of Motion</b>	<ul style="list-style-type: none"> <li>✓ PROM               <ul style="list-style-type: none"> <li>○ Flexion to 150 degrees</li> <li>○ Abduction to 120 degrees</li> <li>○ External rotation in scapular plane</li> </ul> </li> </ul>



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- End of week 5: 50 degrees
- End of week 6: 65 degrees
- ✓ AAROM
  - Pulleys in flexion and scaption
- ✓ After week 8 progress to AROM

<b>Therapeutic Suggestions</b>	→ Add isometrics for the bicep; shoulder adduction, internal rotation, flexion
	→ Scapular retraction without resistance
	→ Weeks 6 – 8
	○ Add prone extensions and prone rows
	○ Sidelying external rotation
	○ Supine punch
	○ Rhythmic stabilization unsupported at 90 degrees of flexion

<b>Progression Ready to Next Phase</b>	✓ Tolerating ROM
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## Advance Strengthening Phase (Weeks 9 – 12)

<b>Overall Goals</b>	✓ Achieve full ROM
	✓ Progress strength

<b>Cautions</b>	→ Progressing strengthening too quickly
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<b>Range of Motion</b>	✓ PROM – all motions to tolerance in 60-70 degrees of abduction
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<b>Therapeutic Suggestions</b>	→ Prone horizontal abduction palm down progress with thumb up and down
	→ Body blade – IR and ER at side, 90 degrees flexion and scaption
	→ Closed chain exercises and weight bearing on an uneven surface such as BAPS or BOSU
	→ Progressive resistance exercises/D2 standing
	→ Week 11: start wall push-ups

<b>Progression Ready to Next Phase</b>	✓ Tolerating exercises well
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## Late Rehabilitation and Strengthening Phase (Week 13 – 24)

<b>Overall Goals</b>	✓ Improve strengthening from isometrics → bands → light weights
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<b>Cautions</b>	→ Aggressive upper body weight lifting
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<b>Range of Motion</b>	✓ Continue stretching and joint mobilization
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### Therapeutic Suggestions

- Add during week 12
  - Standing D2
  - Bodyblade at 90/90
  - 90/90 ER/IR with therabands
- Add during week 14
  - 2 hand plyometrics, chest pass
  - Overhead activities: throw, woodchop, tricep slam
- Add during week 15
  - 1 hand plyometrics
  - Semicircle and 90/90 wall dribbles
  - Kneeling D2
- Add during week 16
  - Kneeling ER flip plyometrics

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### Return to Sports

- ✓ Week 16+: Can start light swimming, half golf swings
  - ✓ Week 20+: Return to light upper body weight lifting (about 5 months post op) and progress slowly as patient tolerates into weight lifting activities
  - ✓ Week 24+: throwing, light weight lifting
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