



Indiana University Health

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Pectoralis Major Repair or Reconstruction

(Update 4/2025)

General Post Op Instructions

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

Weight Bearing Restrictions and Brace Use

Pectoralis Major Repair	
Week 1-4	✓ NWB ✓ Sling day and night (remove three times a day for elbow ROM)
Weeks 5	✓ Progress WB of the extremity in a controlled fashion until able to lift household light objects ✓ Sling only at night
Week 6+	✓ WB as tolerated for general use; start light weights per the protocol ✓ DC night use of sling



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Immediate Post Operative Phase (up to week 4)

Overall Goals	✓ Avoid aggressive PROM stretch ✓ Protect the repair
Cautions	→ Avoid Abduction external rotation for the first 2 weeks
Range of Motion	✓ Shoulder PROM: <ul style="list-style-type: none">○ Flexion to 90 degrees, progress to 120 degrees by week 4○ Internal rotation to 45 degrees in the scapular plane○ Week 2: start external rotation to 15-20 in 20 degrees abduction and progress to stretch in the scapular plane○ By end of week 4: achieve external rotation to 35 degrees in scapular plane ✓ Add abduction <ul style="list-style-type: none">○ Up to 90 degrees by the end of week 4 ✓ Internal rotation as tolerated in scapular plane ✓ Hand, wrist, and elbow ROM
Therapeutic Suggestions	→ Hand grip exercises → AA elbow flexion and extension → Pendulum exercises → Cervical ROM → Shoulder/scapular → Cryotherapy with e-stim → Shoulder shrugs → Submaximal isometrics → Scapular proprioceptive neuromuscular facilitation
Progression Ready to Next Phase	✓ Pain reduced ✓ Tolerating PROM

If not all goals are met, patient may progress to the next phase with intervention plan in place to address deficiencies

Intermediate Rehabilitation Phase (Weeks 5 – 8)

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



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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

Therapeutic Suggestions	→ Add isometrics for the bicep; shoulder adduction, internal rotation, flexion → Scapular retraction without resistance → Weeks 6 – 8 <ul style="list-style-type: none">○ Add prone extensions and prone rows○ Sidelying external rotation○ Supine punch○ Rhythmic stabilization unsupported at 90 degrees of flexion
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Progression Ready to Next Phase	✓ Tolerating ROM
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Advance Strengthening Phase (Weeks 9 – 12)

Overall Goals	✓ Achieve full ROM ✓ Progress strength
Cautions	→ Progressing strengthening too quickly
Range of Motion	✓ PROM – all motions to tolerance in 60-70 degrees of abduction
Therapeutic Suggestions	→ 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
Progression Ready to Next Phase	✓ Tolerating exercises well

Late Rehabilitation and Strengthening Phase (Week 13 – 24)

Overall Goals	✓ Improve strengthening from isometrics → bands → light weights
Cautions	→ Aggressive upper body weight lifting
Range of Motion	✓ 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

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