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## **Rehabilitation Protocol for Pectoralis Major Repair Protocol**

### **General Information**

- **Wound care**
  - After surgery, you will have a bandage on your wound that is to remain in place until your first post-op visit. This dressing is waterproof and you are permitted to shower after 1 week post-op with the dressing in place. See bathing instructions below
  - DO NOT get into a pool, bathtub, spa, lake, or ocean until 1-month post-op
  - Please contact our office immediately if you notice any of the following as these could be signs of infection:
    - Significant wound drainage or bleeding, some bleeding on dressing post-op can be expected
    - Foul odor from the wound/dressing
    - Any significant redness or warmth around the wound/dressing
  - Please check your temperature if you begin to feel ill, warm, or have body chills. Contact our office immediately if your temperature is above 101 degrees or you think you may have an infection anywhere in your body. It is common to have a low temperature within the first week of surgery. Make sure to stay well hydrated as this will help minimize this
  - It is common to have swelling and/or bruising after surgery and is expected. The bruising may start out black-red-purple and change to a yellowish-green color over a few weeks. The bruising may go down the arm. You also may have swelling in your hand. This will go away with time; squeezing a ball or making a fist repeatedly will help with this
- **Blood clots**
  - Surgery may slow the blood flow in your legs, which rarely may result in a blood clot. If a clot does form, your leg will usually become swollen and painful. Walking regularly early after surgery can prevent blood clots as moving the ankle and toes frequently. You should additionally avoid crossing your legs in the initial post-op period
  - Please contact our office right away if you have any leg swelling, tenderness, pain, warmth or redness
  - Call 911 immediately if you begin to have any chest pain, trouble breathing, rapid breathing, sweating, or confusion as this is a sign that a blood clot may have moved to your lungs
- **Rehab diary**
  - Please keep track of therapy visits and exercises done at home. Please bring this diary to each clinic visit

## **Strategies for Independence with Activities of Daily Living (Review with Therapist)**

- **Upper body dressing**
  - Select loose-fitting clothing
  - Always dress operative arm first
  - Use nonoperative arm to pull shirt onto the operative arm, pulling the shirt as far up the arm as possible. Use the nonoperative arm to pull the shirt over your head or behind your back and down your body. The nonoperative arm goes into the shirt last
  - Always undress the operative arm last
  - Consider large shirts with buttons or zippers in the first few weeks following surgery or obtain sling specific shirts ([www.slingshirt.com](http://www.slingshirt.com) OR [www.reboundwear.com](http://www.reboundwear.com) for shirts with snaps that are easy to wear/remove or search “post-operative shoulder surgery shirt” on Amazon)
  - Remember to keep your operative arm close to your body while assisting with buttoning or zipping
  - Females may consider wearing a camisole or tank top as an alternative to a bra following surgery. If a bra is preferred, consider sports bras that zip or close in the front or a strapless bra to avoid irritation at incision site
- **Lower body dressing**
  - Utilize your nonoperative arm to thread both feet into pants while sitting. Stand up to pull pants up past your hips using your nonoperative arm. When securing pants, the operative arm may assist, but be sure to keep it close to your body
  - Consider pants with elastic
- **Sling management**
  - Week 1-6: sling with abduction pillow at all times, removed for showering and dressing only. Remove for exercises as directed by therapist and surgeon after 2 weeks.
  - After 6 weeks the sling can be discontinued entirely
  - Make sure your elbow remains at a 90° angle while in sling. If your hand becomes swollen, it may be a sign that your elbow is too straight and the elbow position is not 90°. Discuss additional options for edema control with your therapist
  - While in sling remember to move wrist and fingers, may remove intermittently throughout day to move elbow/wrist/fingers keeping arm at side
- **Bathing**
  - You may shower after 1 week post-op, the post-op dressing can get wet
  - Your arm comes out of the sling and rests at your side during the shower
  - Do not scrub the surgical site or dressing
  - To wash and clean the underarm of your surgical arm, bend at the waist and let the arm passively move away from your body as you bend forward, similar to pendulum exercises
  - No submerging under water in a bath, pool or hot tub until 4 weeks post-op
  - Consider purchasing a bath mat for prevention of falls while showering
- **Grooming**

- Bend forward from your trunk, similar to pendulum exercises) to move your arm away from your body for activities such as bathing, deodorant, and shaving underarms
- **Toileting**
  - Use your nonoperative arm
  - Place toilet paper on nonoperative side
  - Consider using toileting aid
- **Sleeping**
  - Keep sling on when sleeping
  - It is preferred that you sleep on your back or in a semireclined position
  - While lying on your back, place a small pillow behind your operative arm so that it stays aligned with your body
  - Consider sleeping in a recliner if available
  - If you must sleep on your side, it is best to sleep on the nonoperative side, the abduction pillow can be removed but keep the sling on and prop the operative arm up on a stack of pillows in front of your body keeping it in a slight abducted position
- **Home management**
  - Consider preparing meals and freezing them prior to surgery
  - Temporarily move frequently used items from higher shelves to counter top level
- **Driving**
  - No driving until 6 weeks post-op
  - Start with low risk driving on local streets and progress to riskier freeway driving

## **General Guidelines**

- The patient is to begin therapy at 4 weeks after surgery
- You may see a therapist prior to this to establish care and review the home exercise program
- The patient should work with the therapist 1-3x/week until cleared by surgeon
- Please do not add or modify any portions of this protocol without discussing with the surgeon

## **Initial Home Exercise Program – 2-4 Weeks**

- **Precautions**
  - All shoulder exercises should be performed as passive range of motion (PROM)
- Exercises
  - Pendulums
  - Elbow and wrist ROM
  - Scapular exercises: elevation, depression, retraction, protraction (in sling)
- **Frequency**
  - Perform 2 sets of 10 repetitions of all the above exercises 2-3 times daily

## **Phase I: Joint Protection and Early Range of Motion – 4-6 Weeks Post-Op**

- **Goals**
  - Start progressing AAROM
  - Forward elevation to 90 degrees, no abduction or ER
- **Precautions**
  - Sling is continued except for exercises until after 6 weeks
  - No PROM or therapist manipulation
  - Avoid pushing/pulling activity
- **Teaching / Exercises**
  - AAROM in supine position with wand
  - Scapular exercises without resistance
  - Recumbent bike with sling on

## **Phase II: Active Range of Motion and Neuromuscular Control – 6-8 Weeks Post-Op**

- **Goals**
  - AROM elevation to 120, abduction to 90, ER to 45
  - Sling is discontinued
- **Precautions**
  - No PROM or manipulation by therapist
  - Avoid pushing/pulling activity
- **Teaching / Exercises**
  - Start AROM in pain free range
  - AAROM (pulleys, supine wand, wall climb)

- Submaximal isometrics
- Active and manually resisted scapular retraction, elevation, and depression
- Cervical, levator scapulae and pectoralis minor stretching
- Manual retrograde massage, gentle scar mobilization once healed
- Recumbent bicycle

### **Phase III: Early Strengthening – 8-12 weeks Post-Op**

- **Guideline for progression to Phase III**
  - AROM and AAROM in pain free range
- **Goals**
  - Achieve full AROM
- **Precautions**
  - No PROM or manipulation by therapist
  - Avoid pushing/pulling activity
- **Teaching / Exercises**
  - Continue to progress AROM and AAROM
  - May start light theraband (ER, abd, extension), biceps and triceps PREs, prone scapular retraction exercises with no weight

### **Phase IV: Final Strengthening – 3-6 months Post-Op**

- **Guideline for progression to Phase IV**
  - Full nonpainful AROM
- **Goals**
  - Achieve full AROM
  - Return to sporting activity at 6 months post op
- **Teaching / Exercises**
  - Initiate PROM and stretching beyond initial limits
  - Increase Theraband resistance as tolerated
  - May start wall push ups but do not flex elbows beyond 90 degrees until after 4 months post op
  - May start light weight training at 4 months post op, no flies/chest press/pull downs, may progress regular push ups once wall push ups well tolerated