



DR HARRY CONSTANTIN
ORTHOPAEDIC SURGEON

Pectoralis Major Repair/Reconstruction Rehabilitation Protocol



Phase Overview

Note: The following protocol is intended as a guide for you and your physiotherapist and some patients may need personal modifications.

Never push through sharp pain and always respect your external rotation limits.

Exercises should be repeated 3 x daily, 5 days a week.



Phase 1

Protection & Early
Healing
(Weeks 0-4)

Phase 2

Controlled Motion &
Neural Control
(Weeks 5-8)

Phase 3

Strengthening &
Functional Range
(Weeks 9-12)

Phase 4

Advanced Strength &
Sport Prep
(Weeks 13+)

Important Movement Restrictions

- **Individualised Recovery:** Progress depends on tear size, tissue quality, age, and any additional procedures.
- **Gentle Movement:** ROM should be *pain-free and as tolerated* — never force end-range.
- **Team Communication:** Ongoing contact between surgeon, physiotherapist, and patient ensures safe progress.
- **Healing Takes Time:** Tendon-to-bone healing is slow; timelines are guides and may need extending.
- **Protect the Repair:** Avoid jerky, lifting, or pulling movements early; respect healing limits.
- **Progressive Loading:**
 - First 12 weeks → light load (1/2–1 kg or light theraband).
 - After 12 weeks → moderate load if pain-free.
 - Heavy/overhead work → delay \geq 6 months.

Phase 1

Protection & Early Healing

(Weeks 0-4)

Goals: Protect surgical repair. Reduce pain and inflammation. Maintain mobility of adjacent joints.

Precautions: Sling at all times. No active shoulder movement. No abduction of the shoulder. No lifting or pushing through arm.

Progression: Gentle passive elevation to 45°. External rotation to neutral.

Functional Drills / Strength / Control: Hand, wrist, elbow ROM. Scapula setting exercises.

Return to Work / Sport: No sport participation.

Maintenance: Pain control. Postural awareness.

Phase 2

Controlled Motion & Neural Control

Weeks (5-8)

Goals: Restore controlled shoulder motion. Begin neuromuscular control.

Precautions: Avoid excessive ER or extension. No resisted adduction. No passive abduction

Progression: AAROM to 90° forward elevation. Gradual weaning of the sling.

Functional Drills / Strength / Control: Isometric shoulder activation. Scapula control drills.

Return to Work / Sport: Light non-impact activity only. Can commence light cardiovascular in sling.

Maintenance: Daily ROM.

Phase 3

Strengthening & Functional Range

(Weeks 9-12)

Goals: Near full ROM. Improve strength and control.

Precautions: Avoid heavy pectoralis loading.

Progression: Light resistance bands. Functional movement patterns.

Functional Drills / Strength / Control: Isotonic rotator cuff exercises. Closed-chain stability drills.

Return to Work / Sport: Begin low-load sport drills.

Maintenance: Endurance and flexibility work.

Phase 4

Advanced Strength & Sport Prep

(Weeks 12+)

Goals: Restore power and endurance. Prepare for sport return.

Precautions: Avoid maximal lifts until cleared.

Progression: Progressive resistance. Dynamic control drills .

Functional Drills / Strength / Control: Modified press patterns. Medicine ball drills.

Return to Work / Sport: Gradual return to training. Full sport typically 6–9 months.

Maintenance: Ongoing strength program.

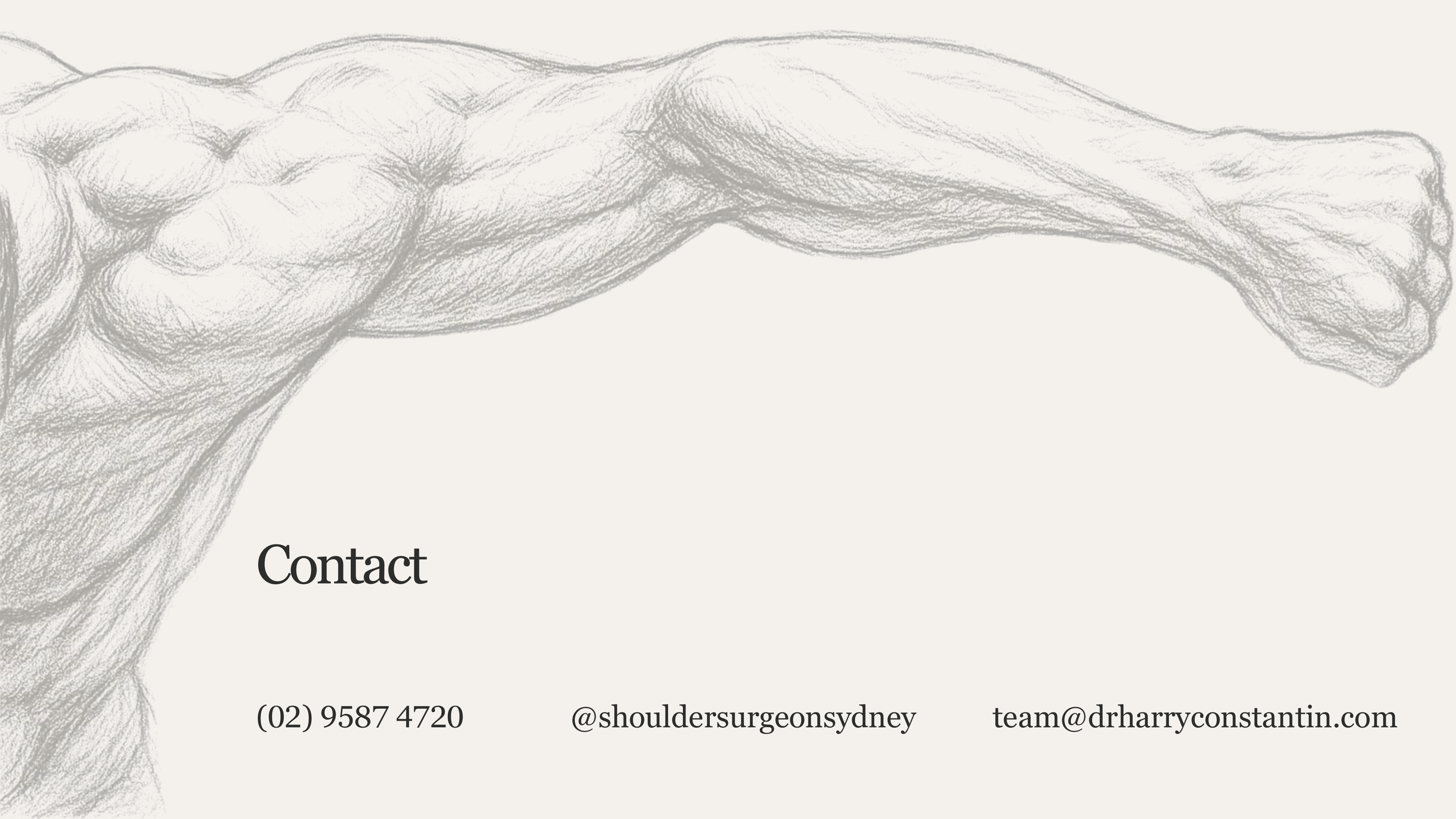
Key Principles for your Recovery

Follow surgeon-set movement limits, especially for external rotation.

Avoid pain and sharp sudden movements.

Focus on control, posture, and gradual progression – not speed.

Regular physiotherapy reviews ensure safe and steady recovery.



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