



# 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.



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# 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.



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# 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.



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# 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.



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# Key Principles for your Recovery

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

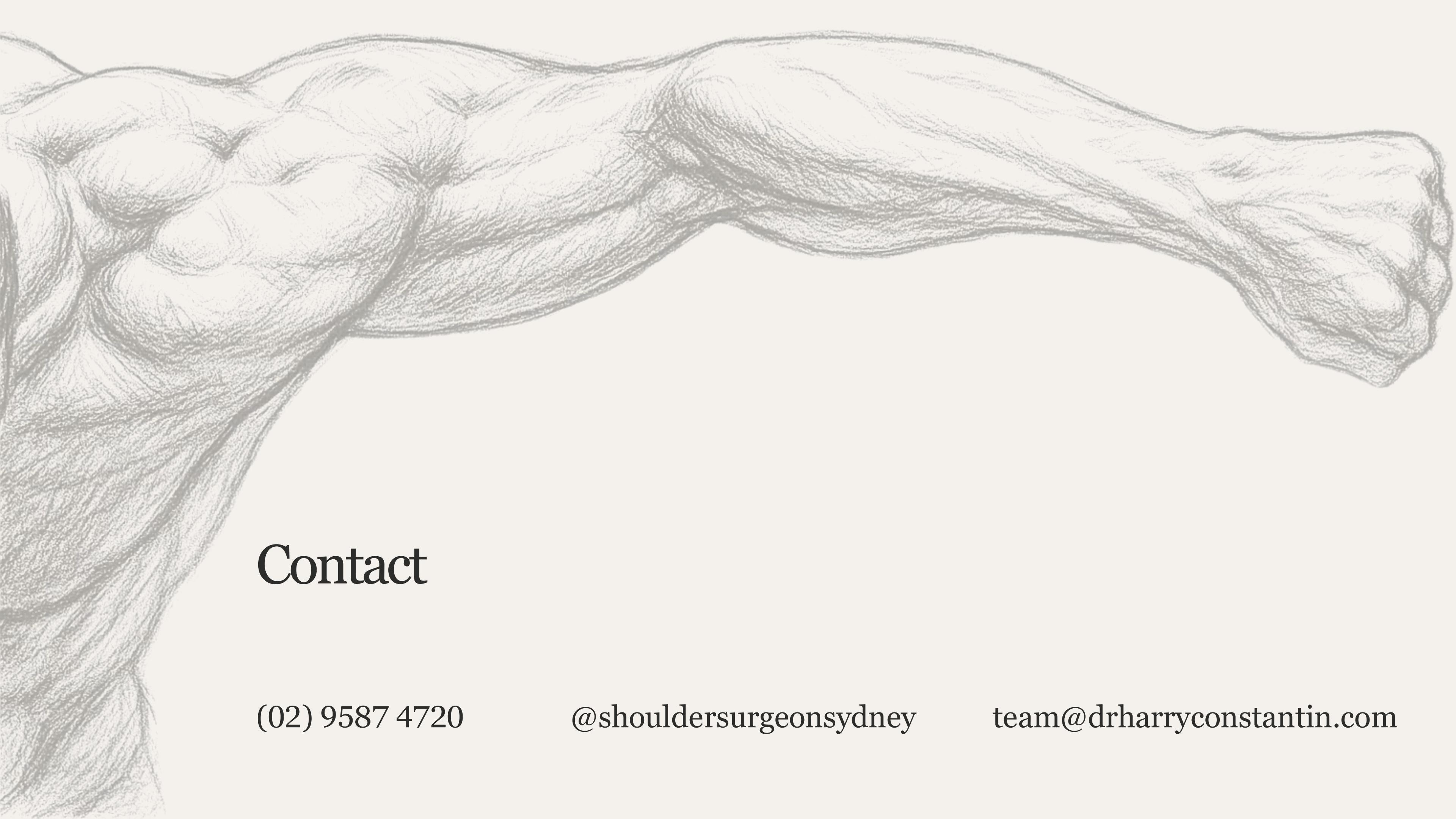
Avoid pain and sharp sudden movements.

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

Regular physiotherapy reviews ensure safe and steady recovery.



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