

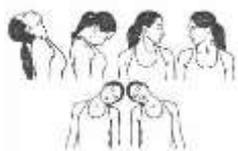
Patient Name: _____

Date of Surgery: _____

Pectoralis Repair

You will be required to wear a sling for 4-6 weeks depending on the extent of your surgery, this will be explained to you by your surgeon/physiotherapist. During this period, it is important to maintain mobility of surrounding joints to prevent stiffness. You will be guided on weaning off your sling at your 4 week review with Prof. Moran. You should avoid any active shoulder movement during these first 4 weeks. You may begin pendular exercises (Exercise 5) from week 2. It is recommended that you attend your physiotherapist 4 weeks post-surgery to commence your rehabilitation. The following exercises should be carried out 3-4 times daily.

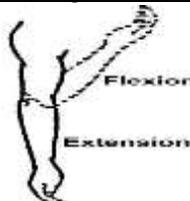
1. Neck Range of Movement



Turn your head to one side, then the other.
Repeat 10-15 times
Tilt your head towards one shoulder, then the other.

Repeat 10-15 times.

2. Elbow Range of Movement



Take your arm out of the sling. Keep your arm by your side. Straighten your elbow fully and bend it fully.

Repeat 10-15 times.

3. Wrist Range of Movement



Move your wrist up and down. Rotate it in circles, clockwise and anti-clockwise.

Repeat 10-15 times.

4. Shoulder Blade Exercise



Keep your arms relaxed. Square your shoulder blades (pull them back and slightly down). Do not let your back arch. Do not let your elbows move backward. Hold for 10seconds.

Repeat 10-15 times.

5. Pendulum/Circular



Bend forward 90 degrees at the waist, placing your uninjured hand on a table for support. Rock body in a circular pattern to move arm clockwise 10 times, then counter clockwise 10 times.

Keep your arm relaxed during the exercise. The circular pendular movement should occur through your shoulder joint.

Physiotherapy Rehabilitation Guidelines: Pectoralis Repair

Phase	Mobilisation	ROM	Exercises / Strengthening	Precautions
Phase 1	Immobiliser should be worn x 6 weeks	No AROM to shoulder	AROM to wrist / elbow / Postural Correction Pendulum exercises can begin at Week 2	No AROM to shoulder
Phase 2 (Week 4+)	Immobiliser x 6 weeks	PROM flexion to 90dg	PROM and supine AAROM forward flexion up to 90dg, with arm in adduction Shoulder shrugs / Scapular retractions – NO resistance	Protect repair – do not force ROM past 90dg
Phase 3	Wean out of immobiliser	AROM flexion to 120dg, abduction to 90dg	AAROM Flexion > 90dg / Abduction and external rotation to tolerance / Internal rotation and extension / Arm behind back / Submaximal isometrics	Discontinue immobiliser
Phase 4	No immobiliser	Aim for FROM	AROM / AAROM through full range / light resistance – theraband exercises for external rotation / abduction / extension / biceps/triceps PRE / prone scapular retractions – no weights / standing wall push ups – no elbow flexion > 90dg	Introduce gentle resistance
Phase 5	No immobiliser	FROM	Continue excs as above / Light theraband exercises – add internal rotation / adduction / flexion / Push up progression – wall -> table -> chair, no elbow flexion > 90dg. Light resistance training – seated rows, single arm pulleys / cable for internal rotation / forward elevation / adduction / Rc & periscapular excs / Ball toss with arm at side – light weight	No Pec flies / bench press / pull downs
Phase 6	No immobiliser	FROM	Continue excs as above – increasing resistance / swimming / Overhead ball toss May perform benchpress – light weight and high reps (recommend indefinitely)– advance weight as tolerated	Good shoulder mechanics Emphasis on exercise technique

Note: As everyone progresses at different rates, the rehabilitation programme should focus on criteria based progression, rather than timeline based progression. For each exercise, it is imperative to have consistent sequential progressions. Once the patient / athlete is proficient with execution of a particular exercise, the exercise can be increased in complexity, with emphasis on technique efficiency.

Please contact rehab@cathaljmoran.com if you have any queries.