

Postoperative Pectoralis Major Repair Protocol

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First 7-10 days

- 1) Change dressing on second day after surgery and replace with dry dressing. Leave tape/steri-strips on the skin and do not remove unless they fall off on their own.
- 2) Keep wound/dressings dry. No showers for 7 days and no baths for three weeks.
- 3) Keep sling on at all times except when dressing or sponge bathing. May remove sling couple of times each day to stretch elbow and wrist.
- 4) Use ice pack/cryocuff at least 3 times each day for 15 minutes each time to reduce swelling and pain
- 7) Pain medication and muscle relaxant will be prescribed. We will also ask that you use a calcium and vitamin D supplement (Citracal, Caltrate, OsCal, etc..) at a dose of 1200 mg of calcium and 800 IU of vitamin D per day. Do not use anti-inflammatory medication like Advil (ibuprofen), Aleve(naproxen) for 6 weeks after surgery.

First 6 weeks

- 1) Use sling at all times especially when sleeping at night. May discontinue the sling **at 4 weeks**, but no lifting of any weight with the arm. May use the arm for activities of daily living such as grooming (combing hair, brushing teeth, getting dressed, ...)
- 2) May remove sling daily as needed to shower or stretch elbow and wrist.
- 3) No range of motion of the shoulder until 4 weeks.

6 weeks to 3 months

Goals:

- 1) Initially, you may not need any PT to restore motion. This will usually be determined by the six week visit.
- 2) Restore motion gradually by 10-12 weeks.
- 3) Forward flexion followed by abduction followed by IR then ER.
- 4) Start minimal strengthening.

PT goals:

- 1) Active and passive forward flexion to 140 by 2 months, full by 3 months.
- 2) Active and passive abduction to 70 by 2 months, 100 (full GH arc) by 3 months.
- 3) Active and passive ER at 0 to 30 by 2 months, 10 less than contralateral by 3 months.
- 4) Active and passive IR at 0 and 90 half of contralateral by 2 months, symmetric at 3 months.
- 5) Active and passive ER at 90 to 45 at 2 months, 90 at 3 months.
- 6) Isometric rotator cuff and progress to isotonic strengthening.

3 months to 6 months

Goals:

- 1) Fine tune ROM
- 2) Increase strength
- 3) May return to contact sports at 6 months.

PT goals:

- 1) Complete correction of ROM deficits
- 2) Return to full weightlifting. May start modified pushups at 4 months, regular pushups at 5 months and bench press at 6 months keeping the bar 8 -10 inches from the chest.

Additional instructions:

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Driving:

No driving while in sling for first four weeks

If right arm, may drive at six weeks if no pain

If left arm, may drive at 4-5 weeks if no pain

Work:

May return to sedentary work when no longer using pain medicine

No heavy labor for 4 months

Frequency of PT:

For weeks 0-4: no PT

For weeks 4-12 (16 to 24 visits): maximum supervised 2-3 x/wk depending on stiffness and ability to achieve goals. Perform exercises on your own 3-5x/wk.

For months 3-4 (4 visits): supervised 1x/wk. Perform exercise on your own 3-5x/wk

For months 4-6: no supervised PT. Perform exercises on your own 3-5x/wk.