

PECTORALIS MAJOR TENDON TRANSFER

Phase I (1-5 days post-op.)

- Wound: Surgical site is examined for signs of infection by nurse/therapist.
- Edema: Edema control interventions.
- Sling: Worn continuously except in therapy or during exercise sessions for the first 6 weeks post-operatively.
- ROM:
 - Scapular AROM exercises
 - Pendulum exercises
 - A/PROM of the elbow, wrist, and digits
- Strengthening:
 - Isometric grip strengthening
- Modalities: PRN for pain and inflammation

Phase II (5 days -4 weeks post-op.)

- Wound: Monitor site/scar management techniques.
- Edema: Edema control interventions.
- Sling: Worn continuously except in therapy or during exercise sessions for the first 6 weeks post-operatively.
- ROM:
 - PROM initiated at 5-7 days post-op. as follows:
 - No flexion
 - Scaption to 120 degrees maximum with slight IR
 - ER to 40 degrees maximum with arm in neutral at side (safe passive ER zone is determined during surgery, and noted in PT orders.)
 - abduction and IR as tolerated
- Strengthening:
 - Initiate isometrics in all planes of the shoulder at 3 weeks post-op.
- Modalities: PRN for pain and inflammation

Phase III (4weeks-10 weeks post-op.)

- Sling: Discontinue at 6 weeks post-op.

- ROM:
 - Initiate AAROM then progress to AROM in all planes at 6 weeks post-op.
 - PROM: gradually progress towards full PROM in all planes
- Strengthening: No strengthening of the shoulder in this phase
- Modalities: PRN for pain and inflammation
- Initiate light joint mobilizations (Grade I/II)

Phase IV (10 weeks + post-op.)

- ROM: Full AROM in all planes
- Strengthening:
 - Initiate progressive resistive exercises of the shoulder at 12 weeks post-op. with open-chain exercises, progressing to closed-chain.
- Consider referral to Work Conditioning following discharge from therapy.

Adapted from:

1. Zuckerman, JD. Advanced Reconstruction Shoulder First Edition. Rosemont, Illinois: American Academy of Orthopaedic Surgeons; 2007.
2. Jost, B., Puskas, G., Lustenberger, A., Gerber, C. Outcome of Pectoralis Major Transfer for the Treatment of Irreparable Subscapularis Tears. Zurich, Switzerland: The Journal of Bone and Joint Surgery; 2003.