

Pectoralis Major Tendon Transfer

Phase I (1 – 5 days post-op)

- Wound care: Surgical site is examined for signs of infection by therapist
- Modalities: PRN for pain and inflammation (ice, IFC)
- Sling: For 6 weeks, worn continuously except in therapy or during exercise sessions
- ROM:
 - Scapular AROM exercises
 - Pendulum exercises
 - A/PROM of elbow, wrist, and digits
- Exercises:
 - Isometric grip strengthening

Phase II (5 days – 4 weeks post-op)

- Wound care: Monitor site/scar management techniques
- Modalities: PRN for pain and inflammation (ice, IFC)
- Sling: Until 6 weeks post-op, worn continuously except in therapy or during exercise sessions
- ROM:
 - At day 5-7, initiate PROM as follows:
 - NO FLEXION
 - Scaption to 120 degrees max with slight IR
 - ER to 40 degrees max 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:
 - At 3 weeks post-op, Initiate isometrics in all planes of the shoulder

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

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



Phase IV (10+ weeks post-op)

- ROM: Full AROM in all planes
- Strengthening:
 - At 12 weeks post-op, Initiate PREs of the shoulder, with open-chain exercises, progressing to closed-chain
- Consider referral to work conditioning following discharge from PT

Adapted From:

- 1) Zuckerman, JD. Advanced Reconstruction Shoulder First Edition. Rosemont, IL: American Academy of Orthopedic 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.