

UCSF Physical Therapy Referral

UCSF Sports Medicine at the Orthopaedic Institute

Physical Therapy Prescription

Diagnosis: Pectoralis major tendon repair

Evaluate and Treat per therapist plan 1-2 times/week for 6-8 weeks. Please contact the office for renewal as needed.

Phase I (week 0-6)

Bracing

Week 0-2: shoulder immobilizer at all times (day and night), off for hygiene and gentle exercises per protocol

Week 2-6: shoulder immobilizer daytime wear only

ROM

Week 0-3: no ROM

Week 3-6: begin PROM, limit 90 deg flexion, 20 deg extension, 45 deg abduction

Exercises

Week 0-2: elbow/wrist ROM only, grip strengthening

Week 2-6: Codman's pendulums, posterior capsule mobilization, avoid stretch of anterior capsule

Phase II (week 6-12)

Discontinue shoulder immobilizer

ROM

Begin AAROM/AROM, passive ROM to tolerance.

Goals full ER, 135 deg flexion, 120 deg abduction

Exercises

Continue phase I work

Begin active assisted exercises

Deltoid/rotator cuff isometrics at 8 weeks

Begin resistive scapular stabilization exercises, biceps, triceps, rotator cuff (use exercise arcs that protect anterior capsule from stress and keep strengthening below horizontal plane in phase II)

Initiate closed chain scapula

No resisted IR/adduction

Phase III (week 12-16)

ROM

Gradual return to full AROM

Exercises

Advance Phase II activities

Emphasize ER and latissimus eccentrics

Glenohumeral stabilization

Plank/push ups @ 16 weeks

Begin muscle endurance activities (upper body ergometer)

Cycling/running ok @ 12 weeks

Phase IV (4-5 months)

UCSF Orthopaedic Institute

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ROM

Full and pain-free

Exercises

Aggressive scapular stabilization and eccentric strengthening
Begin plyometric and throwing/racquet program
Continue with endurance activities
Maintain ROM and flexibility

Phase V (5-7 months)

ROM

Full and pain-free

Exercises

Progress Phase IV activities
Return to full activities as tolerated

Modalities as indicated by PT

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