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CENTER FOR
Advanced Orthopedics
AND SPORTS MEDICINE



Physical Therapy Prescription – Pectoralis Major Tendon Repair

Name: _____ **Date:** _____

Diagnosis: R / L Knee Pec Major repair **Date of Surgery:** _____

Frequency: 2-3 times per week for _____ weeks, **beginning 2 weeks after surgery**

Weeks 0-2

Sling with abduction pillow at all times except off for hygiene.
Keep incision dry.
May begin active/passive elbow/wrist/hand ROM

Weeks 2-6

Continue sling. No lifting with operative arm
Continue elbow/wrist/hand ROM
Shoulder passive ROM only: begin pendulums
Keep arm in front of axillary line. (no shoulder extension)
Supine FF to 90°.
ER to 30°
Begin Deltoid/Rotator Cuff Isometrics.

Weeks 6-12

May D/C sling.
Begin Active/Active Assist shoulder motion.
Restore Full passive shoulder ROM (No Limits).
Cuff/Scapular stabilizer strengthening.

3 Months - 6 Months

Progress to full active ROM in all planes
Progress with strengthening.
Allow light bench press.
Begin Sport specific drills at 5 Months
May resume full strengthening activities at 6 months pending surgeon release.

Physician Signature: _____ Date: _____

For more orthopedic information and rehab protocols visit **www.drsiwiec.com**