

Pectoralis Major Tendon Transfer

*Do not overstretch healing tissues.

Precautions: Avoid combined ABD/ER. If patient needs this, call physician for permission to begin this activity at 10 weeks post-op. Avoid resisted ER. All advanced exercises need to follow the phase ROM restrictions.

Remplissage: If this procedure was performed, use this same protocol, but progress at a slower rate, per patient tolerance. Follow physician's special instruction and contact physician's office with any questions.

Phase I (1 – 5 days post-op)

- Wound care: monitor surgical site
- 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: Discontinue abduction pillow at 4 weeks. Until 6 weeks post-op, worn continuously except in therapy or during exercise sessions
- ROM: elbow, wrist, and hand
 - Week 1: flexion to 90 deg, ER to 0 deg, no abduction
 - Week 2: flexion to 100 deg, ER to 10 deg, no abduction
 - Weeks 3-4: flexion to 100 deg, ER @30 deg abduction, IR @45 deg to 45 deg
- 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:
 - Weeks 5-6: flex to 120 deg, ER@45 deg to 30 deg, IR @45 deg to 60 deg, abduction as tolerated
 - Week 8: ER @90 deg to 45 deg, IR @ 90 to 70 deg
 - Week 9: flexion to 140-150 deg, ER @90 to 75 deg
 - Week 10: flexion to 160 deg, ER @90 to 90 deg
 - 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)

Phase III (continued)

- Strengthening:
 - At 9 weeks add capsular strengthening (light bicep/IR strengthening, open chain strengthening)

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
- 16 weeks: Interval sports program with physician approval
- 6-9 months: Return to sport with physician approval

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.
3. *Pectoralis Major Transfer for Scapular Winging*, American Academy of Orthopedic Surgeons, Andreas H. Gomoll, MD and Brian J. Cole, MD, MBA.
4. *Irreparable Rotator Cuff Tears: Current Treatment Options*; Michael A Stone, Nathanael Heckmann and Reza Omid; *MOJ Orthopedics & Rheumatology* 2016, 4 (3); 00135.
5. *Open Pectoralis Major Repair*, Advanced Continuing Education Institute, LLC, Kevin Wilks, 2019