ORTHOPAEDIC MEDICAL GROUP OF TAMPA BAY

Christopher T. Donaldson, MD
813.684.BONE (2663)

www.omgtb.com

Post-op *PATIENT* Instructions: PECTORALIS REPAIR

Dressing: A dressing has been applied to your shoulder to absorb any fluid/blood. A small amount of blood on the dressing is expected. Your nurse will teach you how to change your dressing. Change the dressing each day, leaving the steri-strips on (your wound is "glued" closed). Unless directed by your surgeon, **no salves, balms, or ointments (even antibiotic ointments) to the incisions.** Soreness and bruising is expected for several days afterward. Showering is permitted 72 hours after surgery with the incisions covered. After showering, apply a new dry dressing. ***Do NOT soak the incisions in a bathtub. No swimming/hot-tubs until cleared by your surgeon.***

Ice: Ice is a powerful anti-inflammatory. Icepacks/wraps will help to reduce swelling and pain. Use liberally (20-30 min./session), but protect the skin from direct contact (and frostbite).

Activity: Wear the immobilizer/sling as directed below. The forearm strap may be removed for hand, wrist, and elbow range of motion which decreases extremity swelling. Sleeping in a recliner with pillows behind the elbow may provide additional comfort. **No driving until permission is given by your surgeon.**
****No reaching overhead/cross-body, firing the pec, or pushing off****
(These can and have caused failures of the repair!!)

Pain: A nerve block has been performed for immediate post-op pain control by the anesthesiologist. It typically "wears off" at about 8-12 hrs following surgery. A narcotic (taken every 3-4hrs as needed for breakthrough pain) is given to control your pain. **Begin taking this pain medication when you BEGIN experiencing pain!** These meds can take 30-45 minutes to start "working". You do not want to play "catch-up" by letting your pain get out of control. Nausea, drowsiness, and constipation are common side effects of narcotics. Adequate fluid intake and a stool softener obtained over the counter from your local pharmacy is recommended to minimize constipation. Call the office if you are unable to tolerate your medication.

Precautions: If you develop temperatures above 101.5°F (38.5°C), uncontrolled pain, marked redness, persistent/discolored drainage, or significant swelling. Call the office **(813)-684-2663**

Follow-up: If you do not already have an appointment scheduled, call the office as soon as possible to schedule your first post-op visit.

Special Instructions: (Additionally, follow any indicated instructions below.)

☒ **Schedule physical therapy:** ☒per attached prescription ☒as soon as able

☒ **Sling / Shoulder Brace:** ☒for **6** weeks; (**NO** DRIVING WHILE IN SLING!)

☒ **Ice (Cryotherapy) Unit:** ☒protect/check skin regularly

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***PT/OT PRESCRIPTION:* PECTORALIS MAJOR REPAIR**

(Revised 3.22.17)

***MD Orders for the Therapist*:**

- Physical Therapy/Occupational Therapy Prescription: 2-3 times per week x 6 weeks
- Follow this protocol *without substitution*. Contact my office with any questions.

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Christopher T. Donaldson, MD

Postoperative- Weeks 1-4:
Immobilize in sling per physician
Pendulums
Wrist and elbow ROM

- Avoid active movement in all directions

Goals:
1. Decrease pain
2. Edema control

Criteria to Progress:
1. Minimal to no edema

Weeks 4-6:
Begin PROM: avoiding abduction, ER
Scapular clocks, retraction, depression, protraction
Scapular PNF
Scapular mobility
Begin table weight shifts for weight bearing through UEs
Grades I-II (anterior, posterior, distraction) oscillatory joint mobilizations

Goals:
1. Full PROM, except ER- keep to no more than 30-40 degrees
2. Sleeping through the night

Criteria to Progress:
1. 75%- 100% PROM

Weeks 6-8:
Initiate AAROM- progress to AROM as tolerated toward 8th week
Can push PROM ER beyond 40 degrees
Grade III sustained joint mobilizations for capsular restriction
Isometrics-flexion, extension, abduction, ER, horizontal abduction
Initiate scapular strengthening such as rows, serratus punches
Can progress weight bearing to quadruped, tripod (1UE +2LE)

- **Avoid active adduction, horizontal adduction, IR**

Goals:
1. AAROM flexion, abduction, ER, IR without scapular or upper trap substitutions
2. Tolerate PRE's for scapular stabilizers and shoulder complex

Criteria to Progress:
1. 75-100% full AAROM without pain

2. No reactive effusion

Weeks 8-12:
Gain full ROM through stretching and grade III mobilizations
Active flexion, abduction, adduction strengthening -avoid IR/flexion/horizontal adduction
Progress scapular strengthening and progress rotator cuff strengthening avoiding IR
Begin submax pectoralis strengthening
Wall pushups progressing to table pushups, uneven surfaces
Dynamic stabilization, perturbations, weight bearing planks on hands
Active ER, horizontal abduction- not to end range
Goals:
1. Full AROM
Criteria to Progress
1. Increased strength/ proprioception with exercise without an increase in symptoms

Weeks 12-24:
Progress scapular and rotator cuff strengthening- including IR
Single arm pectoralis major strengthening- therabands then progress to dumbbell bench press with light weight/ high reps, avoiding a wide grasp and abducting the humerus beyond the frontal plane
Pushups- avoiding humeral abduction beyond frontal plane
Progress into UE plyometrics- eg. wall taps, chest pass (bilateral)
PNF D1, D2
Goals:
1. Tolerate high level of strengthening and plyometrics without an increase in symptoms
2. Tolerate/progress single arm strengthening of pec
Criteria to Progress:
1. No pain with any activities

Months 6-9:
Discourage 1RM for bench press
Prepare for return to sport
Use of One-Arm Hop Test as outcome measure for return to sport- reliable for comparing performance in injured and contralateral uninjured UEs
Goals:
1. Sufficient score on functional test- isokinetic or one arm hop test- to allow safe return to sport