ORTHOPAEDIC MEDICAL GROUP OF TAMPA BAY

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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 recovery room nurse will teach you how to change your dressing. Change the dressing each day, leaving the prineo(clear tape over the incision) in place. 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. No swimming pools/bathtubs/hot-tubs/beach water for 4 weeks or until cleared by your surgeon.***

Ice: Ice is a powerful anti-inflammatory. Cold compression ("ice machines") are important to reducing pain and swelling. Use liberally (20-30 min./session) but protect the skin from direct contact (and frostbite).

Activity: Wear the immobilizer/sling. Remove the sling at least 3 times per day for hand, wrist, and elbow range of motion which decreases swelling. Sleeping in a recliner with pillows behind the elbow may provide additional comfort. **No driving until permission is given by your surgeon.**

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. **Begin taking pain medications as soon as you BEGIN to experience pain!** These meds can take 45-60 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 important to minimize constipation**. Call the office if you are unable to tolerate your medication.

NARCOTIC MEDICATIONS ALONE WILL NOT PROVIDE COMPLETE PAIN RELIEF. COLD COMPRESSION (ICE MACHINES), TENS USE, AND REGULAR TYLENOL AND ANTI-INFLAMMATORIES (ALEVE/IBUPROFEN, IF MEDICALLY OK) ARE CRITICAL PARTS OF YOUR PAIN CONTROL PLAN. REQUEST FOR NARCOTIC REFILL WILL ONLY BE ACCEPTED DURING BUISNESS HOURS. PLEASE GIVE 24-48 HOURS FOR MEDICATION REFILL REQUESTS TO BE ADDRESSED

Call the office **(813)-754-1199** if you develop: temperatures >101°F, shortness of breath, chest pain, uncontrolled pain, marked redness/hives, persistent drainage, new onset numbness, significant incisional/calf swelling, or any other concerns. **Call 911 or report to the nearest emergency room with any concerns for medical emergencies**

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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