

<b>UCLA OUTPATIENT REHABILITATION SERVICES</b>	
<input type="checkbox"/> <b>WESTWOOD</b> 1000 Veteran Ave., A level Phone: (310) 794-1323 Fax: (310) 794-1457	<input type="checkbox"/> <b>SANTA MONICA</b> 1260 15 <sup>th</sup> St, Ste. 900 Phone: (310) 319-4646 Fax: (310) 319-2269
FOR APPTS, CALL: (310) 794-1323	
FAX: (310) 794-1457	

## **PECTORALIS MAJOR REPAIR PHYSICAL THERAPY PRESCRIPTION**

**Diagnosis: s/p ( LEFT / RIGHT ) Pectoralis Major Repair**

**Surgery Date: \_\_\_\_\_**

\_\_\_ Range of Motion: Active / Active-Assisted / Passive

\_\_\_ Avoid AROM x 6 weeks - All PROM should performed supine in Scapular Plane

\_\_\_ Limit External Rotation:     0° for 4 weeks  
   30 ° for weeks 5-6  
   Progress beyond 30 ° after week 6

\_\_\_ No Active Internal Rotation for first 6 weeks

\_\_\_ Limit Scapular Plane Elevation to 45° for first 4 weeks, then progress

\_\_\_ Posterior Capsule Stretching after warm-up

\_\_\_ Rotator Cuff and Deltoid Isometrics

\_\_\_ Rotator Cuff and Deltoid Cuff and Scapular Stabilization program exercises  
       Begin below Horizontal  
       Begin with Isometrics for Rotator Cuff  
       Progress to Theraband, then to Isotonics

\_\_\_ Progress to Deltoid, Lats, Triceps, and Biceps. Progress Scapular Stabilizers to

Isotonics below Horizontal

\_\_\_ Return to Sport Phase:

Emphasize Eccentric Rotator Cuff and Scapular Stabilization exercises  
Sport-specific Strengthening exercises  
Sport-specific Strengthening with Theraband  
Plyometric program for Overhead Athletes

\_\_\_ Modalities PRN: Ultrasound / Phonophoresis / E-stim / Moist Heat / Ice

**Treatment:** \_\_\_\_\_ times per week                      \_\_\_ Home Program

**Duration:** \_\_\_\_\_ weeks

\*\*Please send progress notes.

**Physician's Signature:** \_\_\_\_\_ **Date:**

**Kristofer J. Jones, M.D., Attending Orthopaedic Surgeon**

Place label here

NAME OF PATIENT: \_\_\_\_\_

MRN: \_\_\_\_\_

**Kristofer J. Jones, M.D.**

Sports Medicine, Shoulder Surgery and Cartilage Restoration  
UCLA Department of Orthopaedic Surgery  
David Geffen School of Medicine at UCLA  
10833 Le Conte Avenue, 76-143 CHS  
Los Angeles, CA 90095-6902  
Phone: (310) 825-6095  
Fax: (310) 825-1311  
CA License: A126262