

PHYSICAL THERAPY PRESCRIPTION

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DATE: _____

PATIENT NAME: _____

D.O.B: _____ MRN: _____

DIAGNOSIS: PECTORALIS MAJOR RUPTURE

Right Left Bilateral

SURGERY: PECTORALIS MAJOR REPAIR

DATE OF SURGERY: _____

Sling for 4 weeks. Out of sling only for exercises and bathing.

ROM

- At 4 wks, begin passive FF. Avoid ER and abduction
- At 6 wks, advance to active / active assist FF. Begin passive abduction and ER
- At 8 wks, full active and passive motion allowed

Strengthening

- Scapular and rotator cuff strengthening at 8 weeks – bands, isometrics
- Progress to light weights < 5 lbs at 12 weeks
- Progress to heavy weights at 16 weeks

May resume contact sports at 5-6 months when full ROM and strength have returned

Treatment: Eval and Treat or 1 2 3 times per week

Duration: 4 6 weeks

Home Program

**Please send progress notes.

Physician's Signature: _____



NPI #: 1164790507