PHYSICAL THERAPY PRESCRIPTION

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Keck Medicine of USC

PATIENT STICKER

DATE OF SURGERY: _____
DIAGNOSIS: (LEFT/RIGHT) PECTORALIS MAJOR REPAIR

___ Range of Motion Active / Active-Assisted / Passive
___ Avoid AROM x 6 weeks - All PROM should perform supine in scapular plane
___ Limit External Rotation: 0 degrees 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 deg 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 Duration: _____ weeks

Physician's Signature: _____
Frank A. Petrigliano, MD, Attending Orthopaedic Surgeon, USC