

PHYSICAL THERAPY PRESCRIPTION

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DIAGNOSIS (LEFT / RIGHT) PECTORALIS MAJOR REPAIR

DATE OF SURGERY _____

- ___ 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 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: _____

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