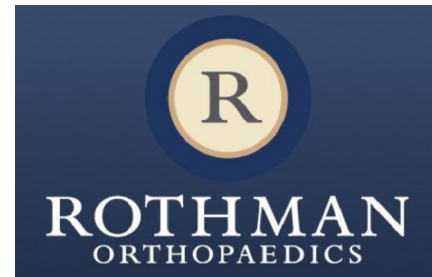


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Pec Major Transfer for Scapular Winging Physical Therapy Protocol

Name _____ Date _____

Diagnosis s/p RIGHT/LEFT Pectoralis Major Transfer

Date of Surgery _____

Frequency: _____ times/week Duration: _____ Weeks

_____ Weeks 0-3:

Sling for 6 weeks

Pendulum exercise, elbow and wrist range of motion, grip strengthening

No resistance

_____ Weeks 3-6:

90 FF/ 20 ER at side, PROM Supine only with scapula stabilized

_____ Weeks 6-12:

140 FF/ 40 ER at side/ 80 ABD, advance as tolerated

Isometrics can begin at 8 weeks

_____ 12 Weeks to 6 Months:

Resisted weight training

Comments:

____ Functional Capacity Evaluation ____ Work Hardening/Work Conditioning ____ Teach
HEP

Modalities

____ Electric Stimulation ____ Ultrasound ____ Iontophoresis ____ Phonophoresis ____ TENS

____ Heat before ____ Ice after ____ Trigger points massage ____ Therapist's discretion

Signature _____ Date _____