

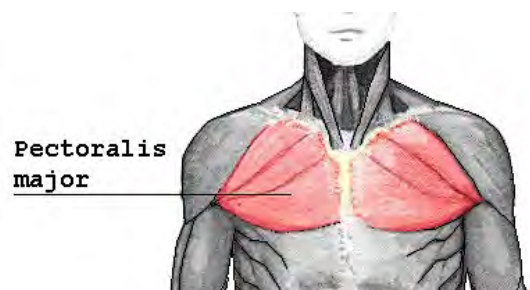


Pectoralis major tendon repair – advice and exercises

This leaflet gives information, advice and exercises following surgery to repair a rupture of the pectoralis major tendon. If there is anything you don't understand or if you have any questions, please ask your physiotherapist.

What is the pectoralis major?

The pectoralis major is a large, fan-shaped muscle located in the chest. It plays a vital role in shoulder and arm movement – especially during activities like pushing, lifting, swimming, or bench pressing. A tear in the tendon, which attaches the muscle to the bone, is rare and typically occurs during forceful movements or heavy lifting. It may be accompanied by a popping sensation, pain, bruising, and weakness in the chest or upper arm. In cases where the tendon has detached from the bone, an operation may be required to restore function and strength.



What is a pectoralis major tendon repair?

The torn pectoralis major tendon is repaired using a small metal device called an Endobutton. The Endobutton acts as a secure anchor, allowing the tendon to be reattached firmly to the upper arm bone (humerus). During the operation, the surgeon makes a small incision near the shoulder or chest to access the torn tendon. A tunnel is then drilled into the humerus, through which the tendon is passed. The Endobutton is placed on the far side of the bone, locking the tendon in place and providing strong fixation to support healing.

General guidelines

- **Pain:** It is important that you continue to take the painkillers as advised by the hospital, to ensure you are as comfortable as possible. If you have any problems taking painkillers, they are not controlling your pain, or you need a further prescription, please contact your GP for advice.
- Ice packs may also help reduce the pain; wrap frozen peas / crushed ice in a damp, cold tea towel and place it on the area for up to 10 minutes at a time, making sure the wound is covered with something waterproof, e.g. cling-film, until the wound is healed. You can repeat this as many times as needed throughout the day, but allow at least 30 minutes between each ice pack.

- **Wearing a sling:** You will return from surgery wearing a sling; this should be worn for approximately 3 weeks and your physiotherapist will advise when to stop using it. The sling needs to be worn both day and night, so you will initially only remove it for specific exercises and to wash or dress. The sling can be worn over the top of clothing, to allow you to dress normally. Your physiotherapist will show you how to loosen the sling for the exercises and will explain the best way to look after your arm.
- **Hygiene:** You may need assistance to wash and dress, so it is advisable to try to organise some help from family and friends prior to your operation. Your physiotherapist will show you the easiest way to look after your arm while it is healing.
- **The wound:** Keep the wound dry until it is healed. This normally takes 10-14 days. Your stitches are dissolvable but may need to be trimmed by your GP practice nurse 10-14 days after surgery, which you will need to organise. The wound will be covered with a waterproof dressing and this should remain on until you see your practice nurse, unless advised otherwise.

If the wound changes in appearance, weeps fluid or pus or you feel unwell with a high temperature, contact your GP as you may have an infection.

Follow up appointment

You should attend the 11am shoulder group in Physiotherapy East at the Royal Berkshire Hospital on the first Friday following your surgery. This is for a wound check and to make sure you are comfortable and understand your exercises. After the shoulder group, a referral will then be forwarded to your local physiotherapy department for further rehabilitation. You will also be reviewed in the Orthopaedic Outpatients department (Fracture Clinic), where you will have an x-ray on arrival. This usually happens at around 6 weeks after the operation but can sometimes vary for individual cases.

General exercise advice

Throughout your rehabilitation you must always be guided by your pain and it is highly likely that initially you will find you are more tired than usual. It is important to ensure you adopt a sensible balance between activity and rest.

Try to do the exercises little and often, spread throughout the day, as you are likely to find this easier and more tolerable than sustained (long) exercise sessions, e.g. 5 -10 repetitions of an exercise. Try to ensure you do all the (appropriate) exercises at least a few times a day.

Note: Do not complete any forced stretching movements of the shoulder.

Exercises

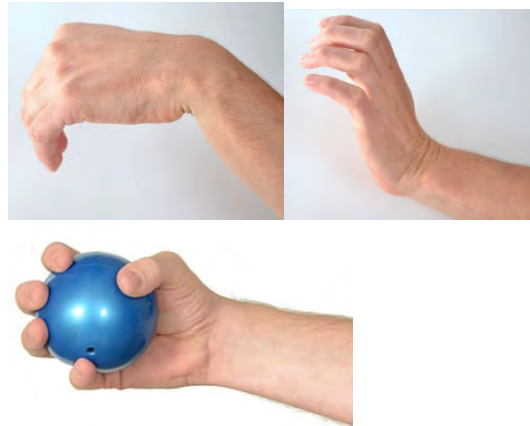
0-3 weeks

Wrist and hand exercises:

Bend the wrist forwards and backwards, then side to side.

Circle the wrist in a clockwise and then an anticlockwise direction. Squeeze and make a fist.

You can use a small ball if you have one.



Postural awareness:

Standing or sitting – pull the shoulder blades gently back and down, with the chest bone (sternum) naturally coming forwards, as if taking a deep breath in.



Elbow exercises:



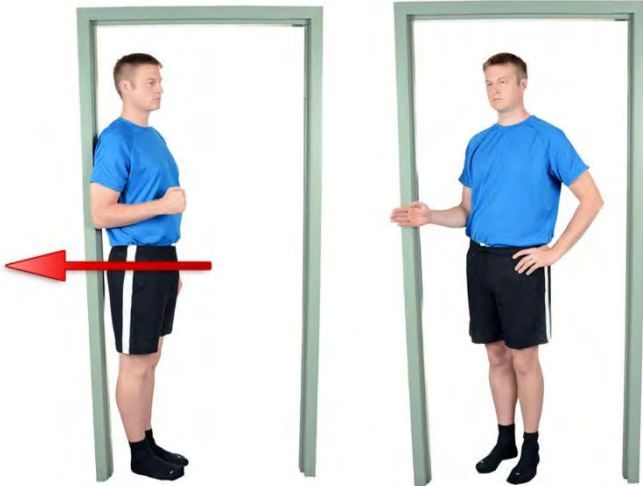
- Standing – bend and straighten the elbow fully, using your good arm to assist if needed.
- Standing or sitting – with a bent elbow turn the forearm over in a clockwise and anti-clockwise direction (palm up, then palm down).

Do not push into stretch, only complete gentle movements.



3-6 weeks:

You can start to wean yourself out of wearing the sling at this point, as advised by your physiotherapist. Avoid putting your hand behind your back and limit ‘out to the side’ arm movements. Avoid stretching or forcing any movements.

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| <p>Rolling the ball/towel out: Sitting at a table – put a cloth or small ball underneath the operated arm (hand). Gently slide the operated arm away from the body, using the ball to take some weight of the arm and lean your body forward into the table.</p> <p>Be guided by pain and do not push.</p> |  |
| <p>Lying on your back – gently raise your operated arm up and over your head, using your good arm to assist / support as needed. To start with, it may be more comfortable to do this with a bent elbow.</p> <p>Be guided by pain and do not push.</p> |  |
| <p>Standing: Arm at your side, elbow bent to 90 degrees. Stand with your back to the wall and push your elbow backwards against the doorframe.</p> <p>Standing: Arm at your side, elbow bent to 90 degrees. Stand next to the wall and push your hand against the doorframe as if you are turning the arm outwards.</p> |  |

6 weeks+ under the guidance of your physiotherapist:

- Progress to exercises aimed at increasing mobility
- Continue with exercises for strengthening of other shoulder muscles

3+ months:

- Begin exercises aimed at strengthening the operated pectoralis major muscle
- **When performing bench press or pectoral flys, do not let the elbow drop below the level of the shoulder**
- **Avoid high weights with low reps and warm up slowly.**
- Begin sports-specific rehabilitation

Further information

Physiotherapy Outpatient Department (Physiotherapy East)

T: 0118 322 7811 or email RBFT.physiotherapy@nhs.net with questions or concerns.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Orthopaedic Physiotherapy Department, June 2026. Next review due: June 2028.