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Restoring Function. Maximizing Performance.

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SHOULDER CONDITION

Pectoralis Major Tear

Chest Muscle Tendon Rupture — Patient Condition Guide



OVERVIEW

A pectoralis major tear is a rupture of the chest muscle tendon where it attaches to the upper arm bone, most often occurring during heavy bench pressing or a forceful eccentric load on the arm.

ANATOMY

The pectoralis major tendon anchors the chest muscle to the humerus near the shoulder. Tears typically occur at this tendon insertion, though the muscle belly itself can also be injured.

SYMPTOMS

- A sudden tearing sensation and sharp pain, often during lifting
- Bruising and swelling across the chest and upper arm within a day or two
- Visible deformity or asymmetry of the chest contour
- Weakness with pushing or bringing the arm across the body

DIAGNOSIS

Exam often reveals a visible or palpable defect in the muscle. MRI confirms the tear location and whether it is partial or complete, which is central to deciding on treatment.

TREATMENT OPTIONS

Partial tears and low-demand patients may be treated non-surgically with activity modification and therapy. Complete tears in active individuals, especially those wanting to return to lifting or contact sport, are generally repaired surgically, ideally within a few weeks of injury.

RECOVERY TIMELINE

- Weeks 0–6: sling immobilization with restricted motion
- Weeks 6–12: active motion progression

- Months 3–5: gradual strengthening
- Months 5–6+: return to lifting and contact sport

FAQS

Q Do I need surgery for a pec tear?

Complete tears in active patients generally benefit from surgical repair; partial tears may be managed without surgery.

Q How soon after injury should surgery happen?

Earlier repair, typically within a few weeks, tends to give the best results since the tendon can retract and scar over time.



SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/pectoralis-major-tear.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.

PECTORALIS MAJOR TEAR

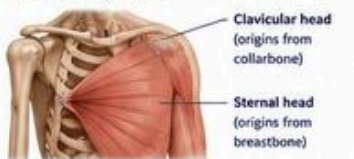
UNDERSTANDING YOUR INJURY & TREATMENT OPTIONS

The pectoralis major is a large, fan-shaped muscle in your chest that helps bring your arm across your body and rotate it inward. A tear typically occurs during heavy pushing or lifting activities and can affect athletic performance and daily function.



ANATOMY

The pectoralis major has two heads that attach to the upper arm bone (humerus). The tendon can tear at the muscle-tendon junction or at the bone attachment.



COMMON TEAR LOCATIONS



HOW IT HAPPENS

- Sudden, forceful stretching of the muscle while under load
- Most common during bench press, dips, pushing movements, or contact sports
- Often felt as a "pop" or tearing sensation in the chest



COMMON SYMPTOMS

- Sudden chest pain or "pop"
- Bruising and swelling in the chest or upper arm (common)
- Weakness with pushing, lifting, or bringing the arm across the body
- Visible deformity or "dent" in the chest (in some tears)
- Loss of strength and performance

DIAGNOSIS

Your doctor will perform a physical exam and may order imaging to confirm the diagnosis and determine the type and location of the tear.



- Physical Exam**
Tests strength, range of motion, and looks for deformity.
- MRI**
Best test to evaluate the muscle and tendon injury.
- Ultrasound**
May be used to evaluate the tear, especially in dynamic assessment.

TEAR TYPES



Partial Tear
Tendon is partially torn. Some strength is usually preserved.



Complete (Retracted) Tear
Tendon is completely torn and pulls away from the bone. Most common.



Bony Avulsion
Tendon pulls a piece of bone off the humerus.

WHO IS AT RISK?

- Athletes: Weightlifters, football players, rugby players, wrestlers, and swimmers
- Individuals who perform heavy resistance training
- Males 20–40 years old (most common)
- Previous shoulder injuries or steroid use (may contribute)

TREATMENT OPTIONS

1. NON-SURGICAL TREATMENT (PARTIAL TEARS)

- ✓ Rest and activity modification
- ✓ Physical therapy
- ✓ Anti-inflammatory medications
- ✓ Gradual strengthening program



GOAL: Reduce pain and restore strength and function. Not all complete tears heal well without surgery.

2. SURGICAL TREATMENT (COMPLETE TEARS)

Surgical repair is recommended for young, active individuals to restore strength, function, and prevent long-term weakness.

The torn tendon is reattached to the humerus using suture anchors and strong sutures.



GOAL: Restore anatomy, strength, and function to return to work, sports, and daily activities.

3. POST-OP REHABILITATION (TYPICAL TIMELINE)

- 0–4 WEEKS**
Protect the repair, control pain and swelling, gentle passive motion.
- 4–12 WEEKS**
Restore range of motion, begin active motion, light strengthening.
- 3–6 MONTHS**
Progressive strengthening, functional training.
- 6+ MONTHS**
Return to heavy lifting and sports (typically 6–9 months).

EXERCISES THAT CAN HELP (NON-PAINFUL RANGE)

SCAPULAR RETRACTION

Squeeze shoulder blades back and down.



DOORWAY STRETCH

Gently stretch your chest in a doorway.



BAND ROW

Pull band toward your body, squeezing shoulder blades.



WALL PUSH-UP

Perform a push-up against the wall.



EXTERNAL ROTATION

Use a band to rotate your arm outward.



SERRATUS PUNCH

Punch forward while protracting shoulder blades.



PREVENTION TIPS

- ✓ Use proper technique and form
- ✓ Gradually increase weight and intensity
- ✓ Strengthen chest, back, and shoulder muscles
- ✓ Warm up before workouts and sports

WHEN TO SEE A DOCTOR



- Sudden chest pain or "pop" during activity
- Weakness or difficulty with pushing or lifting
- Bruising or deformity in the chest
- Pain that does not improve with rest



Scan for exercise videos and more information about pectoralis major tears.

This information is for educational purposes only and is not a substitute for professional medical advice. Please consult your orthopedic surgeon for an accurate diagnosis and personalized treatment plan.

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