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Lower Trapezius Tendon Transfer Rehabilitation Protocol

The following comprises framework from which to perform rehabilitation following a lower trapezius tendon transfer. The procedure is done for a massive irreparable rotator cuff tear in an active patient that wants to restore partial external rotations strength and does not meet the indications for reverse total shoulder arthroplasty. The lower trapezius is anatomically in-line with the posterior rotator cuff muscles, and therefore is able to work similar to the infraspinatus and teres minor.

Phase I: Protected ROM/Soft Tissue Healing Phase (0-8 weeks)

Cold therapy (polar pack) for the first week minimum

External rotation (ER) brace for first 8 weeks when not performing rehabilitation

Passive range of motion (PROM) to tolerance – **NO stretching!**

Elbow, Forearm, Hand and Wrist active range of motion (AROM) out of sling

Passive ER to tolerance

Cervical spine ROM to tolerance

****NO** Active scapular setting

****NO shoulder** range of motion (ROM) internal rotation (IR), horizontal adduction (cross body)

****NO** upper extremity weight bearing

Phase II: Progressive ROM/Gentle Strengthening Phase (8-16 weeks)

DC sling or brace

Lifting restriction of no > 5# to waist height

Start active assistive range of motion (AAROM) and AROM

Shoulder flexion and abduction wall walks

Begin to work on scapular neuromuscular control (gentle muscle contractions)

****Please remember there is no rush to strengthening these muscles quickly**

Scapular setting progressed to scapular isometrics

Can begin pulleys, wand exercises.

Gentle IR stretching. No aggressive IR or behind back motions until after 12 weeks

Avoid all standard resistive or strengthening exercises for arm or shoulder until after 12 weeks

Phase III: Strengthening Phase (16-24 weeks)

Lifting restrictions released

UE weightbearing activities

Scapular isotonic exercises (short lever arm)

Band exercises, light free weights (high repetition/low load)

Proprioceptive exercises

Phase IV: Advanced Strengthening Phase (24+ weeks)

Progressive resistive exercises

No wide grip exercises

Start push up progression

No cross body, IR exercises

Progression to HEP or light recreational activities

Plateaued with sufficient AROM demonstrating proper scapular humeral rhythm

Strength 75-80% of uninvolved side

Satisfactory clinical examination