



Lower Trapezius Tendon Transfer Rehabilitation Protocol

The following is a basic framework from which to work during rehabilitation following lower trapezius tendon transfer. This procedure is done for a massive irreparable rotator cuff tear in an active patient that wants to restore partial external rotation strength, and does not meet indications for reverse total shoulder arthroplasty. The lower trapezius is in-phase with the posterior rotator cuff, and is connected to the proximal humerus with a tendon allograft.

Every patient is different, so the time points are just guidelines – the emphasis should be on achieving the milestones of each phase prior to advancing to the next phase.

Please feel free to communicate with our office with any questions or concerns.

	Range of Motion	Slings	Exercises
Phase I 0 – 8 weeks	No shoulder ROM, in particular no internal rotation beyond neutral No Codman's or pendulums	0 – 6 weeks: Remove only for dressing and hygiene, immobilized in maximum external rotation	Distal (elbow, wrist, hand) exercises only
Phase II 8 – 12 weeks	Passive shoulder ER to tolerance PROM into scapular plane elevation to 120° Progress to AAROM, AROM with internal rotation limit to 0°	None	Continue distal Phase I exercises Start gentle active scapular mobility exercises, keep shoulder girdle muscles relaxed Gentle strengthening of scapular stabilizers Avoid resisted training and shoulder strengthening
Phase III 12 – 16 weeks	Gradually progress PROM and AROM of the shoulder with no limits	None	Continue Phase II exercises Begin rotator cuff and shoulder isometric strengthening Return to most activities of daily living with 5-lb. lifting limit



<p>Phase IV 16 weeks – 6 months</p>	<p>Maintain full PROM and AROM</p>	<p>None</p>	<p>Continue Phase III exercises</p> <p>Initiate isotonic strengthening with home rotator cuff strengthening program</p> <p>Continue strengthening scapular stabilizers with focus on proper scapulohumeral mechanics</p> <p>Simulate work/recreational activities as shoulder strength improves</p>
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Adapted from Dr. Michael Fu postoperative rehab protocol