

Rehabilitation Protocol: Lower Trapezius Tendon Transfer

Date of Surgery: _____

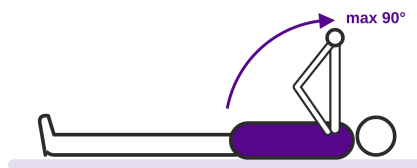
Procedure: Lower trapezius transfer (with tendon allograft) to the proximal humerus for a massive irreparable posterolateral rotator cuff tear, to restore external rotation. The lower trapezius fires in phase with the posterior cuff.

Protect the Transfer: No active or active-assisted shoulder motion for 6 weeks. No forced IR, adduction, or extension, and no IR behind the back until 3 months.

Time points are guidelines – milestones of each phase should be achieved before advancing. Please contact our office with any questions or concerns.

☐ **Phase I – Protected Motion, Passive ROM Only (Weeks 0–6)**

- **Sling:** External rotation sling at all times except for therapeutic exercises
- **Range of Motion** – PROM only. Goals: forward flexion 0–90°; ER 0–40° with arm at side; abduction 60–80°
- **Precautions:** No active or active-assisted exercises – no pulleys, wand, or supine assisted exercises until cleared
- **Therapeutic Exercises**
 - Grip strengthening
 - Scapular retraction, shoulder shrugs, submaximal pain-free deltoid isometrics
 - **Weeks 2–6:** Overhead reach (home) – lie on your back, grasp the wrist of the operative arm, and use the other arm to lift it as high as comfortable, **up to 90°**. Hold 10 seconds, working up to 30. Repeat 10 times



Overhead reach – operative arm stays relaxed (max 90° in Phase I)

☐ **Phase II – Progressive ROM (Weeks 6–12)**

- **Sling:** Wean from sling
- **Precautions:** Lifting max 5 lbs; no resistance training. No forced IR, adduction, or extension; no IR behind the back until 3 months
- **Range of Motion** – Begin AAROM, progressing to AROM. Goal: full PROM in all planes
- **Therapeutic Exercises**
 - Pulleys, wand, and supine gravity-assisted exercises
 - Isolate and strengthen scapular stabilizers (no resistance)
 - **Transfer retraining:** retrain the lower trapezius as an external rotator and humeral head depressor, focusing on active ER; biofeedback and NMES may assist

☐ **Phase III – Progressive Strengthening (Week 12+)**

- **Weightbearing:** As tolerated; gradual increase in weights
- **Range of Motion** – Full, painless ROM; equalize active and passive ROM with good scapulohumeral mechanics

- **Therapeutic Exercises**
 - Formal rotator cuff and shoulder strengthening: isometrics, then bands, then light weights (1–5 lbs) – **3 times per week only** to avoid tendinitis
 - **Month 4:** Isotonic strengthening – Theraband, dumbbells, Hughston's exercises; home cuff strengthening program
 - Continue to emphasize scapular stabilizers
 - Simulate work/recreational activities as strength and endurance improve
- **Return to Activity:** Return to work and light recreation at **~5–6 months**; unrestricted activity at **~6 months** with physician clearance. Strength and function may continue to improve beyond 1 year