



Dr. Hennigan

LOWER TRAPEZIUS TRANSFER USING ACHILLES ALLOGRAFT

9/8/20

Date of Surgery: _____

LONG TERM GOALS OF PROCEDURE:

- Patient to obtain shoulder mobility to allow patient to perform overhead and forward-reaching activities as well as reaching behind back

Protective Phase

WEEK 0-4:

GOALS:

- Protect the repair
- Patient to be compliant with prescribed activity modification, precautions, and home exercise program to allow for proper healing of repaired tissue.
- Promote healing and wound closure without infection.
- Patient will demonstrate ability to perform HEP as prescribed and instructed.

PRECAUTIONS:

- No driving until cleared by physician.
- No active use of involved arm for activities above waist level.
- No supporting of body weight by involved arm.
- No lifting of objects.
- No shoulder ROM, use pendulum position for hygiene.
- **Keep forearm supinated when out of the sling to avoid IR**

SLING:

- Continual wear of sling with ER pillows in place

EXERCISE PROGRAM (3-4x/day):

- AROM of elbow, forearm, wrist and hand (keeping forearm supinated)
- Grip strengthening as tolerated
- Scar mobilization
- Scapular squeezes

WEEK 4-6 POST-OP:

PRECAUTIONS:

- No active use of involved arm for activities above waist level.

- No supporting of bodyweight by involved arm.
- No lifting of objects (even light objects).
- No AROM or AAROM
- **Keep forearm supinated when out of the sling**
- **AVOID IR**

SLING: OK to remove one ER pillow, continue sling wear.

EXERCISE PROGRAM:

- Initiate PROM of shoulder in scapular plane with focus on flexion, abduction, and ER, avoiding IR
- Address postural re-education

WEEK 6-8 POST-OP:

PRECAUTIONS:

- No active use of involved arm for activities above waist level.
- No supporting of bodyweight by involved arm.
- No lifting of objects (even light objects).

SLING: OK to remove pillow, continue sling wear.

EXERCISE PROGRAM:

- Instruct patient in AAROM exercises within a pain-free ROM, avoiding impingement symptoms.
- Initiate IR gentle PROM and AAROM

Phase I:

WEEK 8-12 POST-OP:

PRECAUTIONS:

- No excessive behind the back movements.
- No supporting bodyweight by involved arm.
- No Strengthening

SLING: Use of sling outside the home if needed, otherwise discontinue.

EXERCISE PROGRAM:

- Continue progression of PROM, no forceful stretching.
- Instruct patient in AAROM exercises within a pain-free ROM, progressing from supine to upright.
- Instruct in submaximal isometrics for deltoid, RTC, and scapular stabilizers.
- Address GHJ/AC/SC limitations

WEEK 12-14 POST-OP:

PRECAUTIONS:

- No Strengthening

SLING: Discontinued

EXERCISE PROGRAM:

- Continue progression of PROM and AAROM.
- Instruct patient in AROM exercises within a pain-free ROM, avoiding impingement symptoms progressing from supine to upright.
- Instruct in submaximal isometrics for deltoid, RTC, and scapular stabilizers.
- Address GHJ restrictions with joint mobilizations

WEEK 14-18 POST-OP:

GOALS:

- Patient to demonstrate full PROM, provided patient does not have significant glenohumeral joint capsules restrictions.
- Patient is allowed use of involved extremity to perform light activities of daily living only
- Maximize glenohumeral joint, AC joint, and SC joint capsule mobility to allow full shoulder AROM without compensatory patterns or symptoms of impingement.

EXERCISE PROGRAM:

- Initiate gentle isotonic strengthening of the RTC and scapular stabilizers

WEEK 18-22 POST OP:

GOALS:

- Patient to demonstrate ability to perform active shoulder flexion and abduction without scapular substitution.
- Patient is allowed use of involved extremity to perform activities of daily living
- Gradually increase strength of RTC and scapular stabilizers to allow patient to perform overhead and forward-reaching activities without difficulty.
- Patient to return to work and previous level of function with full, functional use of involved extremity.

EXERCISE PROGRAM:

- Progress AROM in all planes, no restrictions
- Initiate PRE's including theraband and antigravity resistive exercises.
- Improve neuromuscular control with proprioception and plyometrics
- Gradually upgrade HEP to maximize strength and endurance of RTC and scapular stabilizers.