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**Physical Therapy Prescription- Arthroscopic Assisted Lower Trapezius Transfer
Using Achilles Tendon Allograft**

Name: _____ **Date:** _____

Diagnosis: R/L LTTT **DOS:** _____

Weeks 0-8: Protective Period

Sling: Week 0-4, ER sling 3 pillows. Week 5-6, 2 pillows. Week 7-8, 1 pillow.

Range of Motion: Elbow and grip as tolerated

- Week 0-4 No shoulder ROM
- Week 4-8 FF and FE in scapular plane as tolerated. ER neutral to end ROM as tolerated.

Exercises: Pendulums-hygiene. Scapular retractions, shrugs. Deltoid isometrics

Modalities: per therapist

Weeks 8-12 PT Phase I

Sling: Discontinue ER pillow, may use sling outside of home if desired

Range of Motion: Functional AROM as tolerated (no forceful stretching)

- Begin supine, progress to anti-gravity as tolerated

Exercises: Submaximal isometrics RC, deltoid, scapular stabilizers, joint mobs

Modalities: per therapist

Weeks 12-14 PT Phase II

Range of Motion: progress to AROM

- Weeks 12-13 perform while supine
- Weeks 13-14 perform at 45 degrees, then upright

Exercises: Progress Phase I. **NO Strengthening yet**

Modalities: per therapist

Weeks 14-18 PT Phase III

Range of Motion: Progress slowly in all planes

Exercises: Add isometric strengthening to Phase II

Modalities: per therapist

Weeks 18-24 PT Phase IV

Range of Motion: Progress to full, painless AROM in all planes

Exercises: Begin gentle resistance exercises for cuff and deltoid

- Strengthening sessions with 1 day rest in between
- **NO Full or empty can exercises**

Modalities: per therapist