MAYO CLINIC | Orthopedics and Sports Medicine

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Lower Trapezius Transfer Rehabilitation Protocol

Phase	Goals	Precautions / Restrictions	Treatment
Weeks 0 – 6	• Protect surgical site and repair • Decrease pain and inflammation • PRICE principles • No shoulder range of motion	• NO SHOULDER MOTION or lifting of any object on surgical side • No lifting greater than 5 lbs. or pushing / pulling greater than 20 lbs. on uninvolved side • No excessive bilateral arm motions	• AAROM to AROM of elbow, wrist and hand with arm in plane of body • Core activation with immobilizer ON • Week 2 – 3: initiate stationary bike w/o handle bars • Cryotherapy: 5 - 7 times per day • Initial visit: FOTO PRO, QuickDASH
Weeks 6 – 8	• Maintain integrity of repair • Initiate **FE + ER** shoulder ROM ○ NO INTERNAL ROTATION • Minimize muscle atrophy	• May discontinue immobilizer and wean as able over next 1 - 2 weeks • NO INTERNAL ROTATION • No WB on the involved shoulder	• Shoulder arm hang exercises • Shoulder shrugs + Scapular setting exercises • Shoulder Passive Range of Motion in **FE + ER** ○ NO INTERNAL ROTATION or cross body adduction
Weeks 8 – 12	• Emphasize ROM + ADLs w/ the affected arm at the side • Retrain transferred tendon and scapulohumeral rhythm • Focus on external rotation with biofeedback	• NO INTERNAL ROTATION, adduction, or extension stretching • No active reaching w/ affected arm • No lifting, carrying, or weight bearing with operative shoulder. • No pulleys or forced motion	• Slowly advance from Passive → Active assisted → Active ROM in FE and ER ○ Supine → Side lying → Upright as appropriate • Biofeedback for lower trapezius – retraining adduction and ER (progress from isometric to active exercises)
Weeks 12 – 16 **(Months 3 – 4)**	• Maintain and enhance optimal AAROM / AROM • Regain muscle strength and shoulder stability • Scapular setting progressed to Scapular Isometrics • If Biceps tenodesis may initiate flexion strengthening	• No forced stretching in all planes ○ May initiate gentle IR stretch • Return to most ADLs with a 10 lb. lifting restriction • Initiate light strengthening with bands at week 14 (NO EARLIER) • Pool therapy for ROM Only but NO SWIMMING	• Gentle terminal stretching as indicated in all planes • Isometric strengthening of the affected shoulder → Progress to Isotonic as pain allows ○ Supine → Side lying → Upright as appropriate ○ Railing slides, Cane assisted / Towel Scapation ○ Biceps, Triceps, General UE, Core, Hip permitted • Initiate Rhythmic stabilization + Scapular control • Use pulleys, wall stretch, pool, biofeedback PRN
Weeks 16 – 24 **(Months 4 – 6)**	• Restoration of shoulder strength, endurance, and power • Optimize retraining and neuromuscular Control • Full AROM w/o deltoid hike	• Introduction of light recreational activities while AVOIDING high effect, heavy lifting, and repetitive activities with 20 lb. restriction • Avoid cross body activities (Combined IR + adduction activities)	• Develop full Active Range of Motion • Progress from isotonic exercise to eccentric and resistive exercise per tolerance in all planes, including multiplane exercises as long as: ○ Isotonics are progressing ○ No compensations during exercise performance
Weeks 24 + **(Months 6+)**	• Advance shoulder strengthening and proprioception • Maximize retraining and neuromuscular control • Initiate higher-level activities and return to sport progression • Pool therapy for ROM exercises and progression towards swimming, focusing on breaststroke.	• Limit strengthening to 3 x per week with appropriate work rest intervals to avoid rotator cuff tendinitis • Assess tolerance to activity during, after and at 24 hours after activity • No progression to home therapy or advanced sports until: ○ Plateaued AROM w/ appropriate scapulohumeral rhythm ○ 80% strength vs. uninvolved side ○ > 50% functional improvement ○ Satisfactory clinical exam by MD	• Focus on form and control during exercise performance with progression to weights ○ Low weights and high reps ○ Focus on proximal muscle control and endurance • Proprioceptive training including closed chain activities • Continue with Anaerobic + Aerobic interval training • Continue with core and hip stability per tolerance • Plyometric activities progressing from simple to complex, less load to more load • Week 24: QuickDASH, FOTO, HHD / Isokinetics • 1 year follow-up: HHD Testing

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process. Each patient's progress may vary based on specifics of their injury and procedure.