

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: RTC Tear Code: M75.10

Procedure: Lower Trapezius Tendon Transfer to Greater Tuberosity Surgery Date: \_\_\_\_\_

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**In order for University of Utah Health Care to complete this referral, please fax the patient's first consult notes to the University of Utah Orthopaedic Center at 801-581-4404. Thank you.**

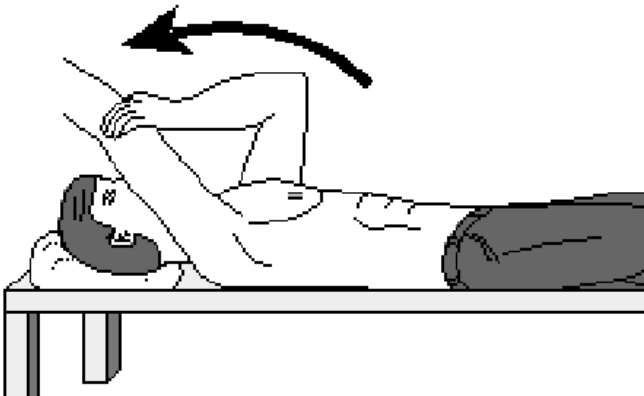
*Timing of each phase varies based on individual patient factors, length of time immobilized, strength/ROM status, and expected performance/activity demands.*

**Phase I: Protected ROM (0 to 6 weeks)**

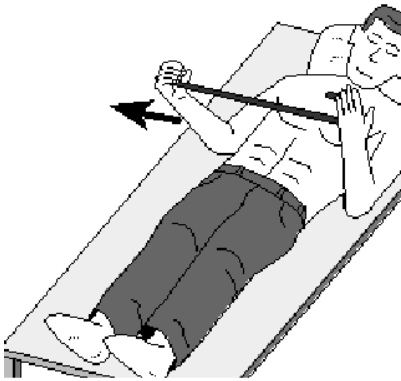
- May shower immediately over clear waterproof dressing
- Sutures are all underneath the skin and will dissolve on their own
- Ice or cold flow systems encouraged for the first week at a minimum 3-4 times a day
- Gunslinger brace must be worn at all times other than showering and doing exercises
- Avoid all active and active assisted exercises until cleared by surgeon (including pulley)
- Do not lift anything with the surgical arm
- Immediate elbow, forearm, and hand range of motion out of brace 3 times per day

**Phase II: Progressive ROM (6 weeks to 12 weeks)**

- Discontinue brace at 6 weeks
- Lifting restriction of 5 lbs
- Start active scapular mobility exercises at 6 weeks. Keep the shoulder muscle relaxed
- Exercise program 3 times per day (6 weeks):
  - Immediate elbow, forearm, and hand range of motion out of sling
  - Pendulum exercises
  - Passive forward elevation to 120 degrees (see picture)
  - Passive external rotation of the shoulder as tolerated (see picture)
- Start passive and active-assisted ROM as tolerated (8 weeks)
  - Start using pulleys, wand, and supine gravity assisted exercises as tolerated
  - Emphasize all motions including IR behind the back at 12 weeks
  - Progress PROM and terminal capsular stretching of the shoulder as needed
  - AVOID resisted training and strengthening
  - AVOID AROM in positions of subacromial impingement



**Overhead reach:** Help lift your operative arm as high as it will go. Lie flat on your back, relax, and grasp the wrist of the surgical arm with the non-surgical hand. Using only your non-surgical arm, raise the surgical arm up as far as it is comfortable for 10-20 seconds and return to the side again using the power of the non-surgical arm. Repeat 5-10 times



**External rotation:** Turn the arm out to the side while the elbow stays close to the body. This is best performed while lying on your back. Hone a cane, yardstick, broom handle, or dowel in both hands. Bend both elbows to a right angle. Use steady, gentle force from your normal arm to rotate the hand of the surgical shoulder out away from your body. Continue the rotation as far as it will go comfortable, holding for 10-20 seconds. Repeat 5-10 times.

### **Phase III: Strengthening (>12 weeks)**

- No lifting restrictions
- Start progressive rotator cuff and shoulder strengthening at 3 months (isometrics only until 4 months)
- Initiate isotonic strengthening at 4 months (Theraband, dumbbells, Hughston's exercises, etc)
- Include home cuff strengthening program. Progress scapular stabilizer strengthening
- Equate active and passive range of motion. Encourage scapulohumeral mechanics during active shoulder motion
- Simulate work/ recreations activities as rotator cuff strength and endurance improve
- Return to sport/heavy lifting work after strength returns to normal (minimum 6 months)
- Formal or home-based therapy until 9-12 months

Modalities per Therapist

Freq: 1-3x/week

Duration: 8-12 weeks

Signature\_\_\_\_\_