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Lower Trapezius Transfer Protocol

Name: _____ Date: _____

Diagnosis: _____

Date of Surgery: _____ Next Physician Appointment: _____

Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 Weeks

_____ Weeks 0-6:

- **Precautions: No IR or adduction past midline**
- Patient to do Home Exercises given post-op (pendulums, elbow ROM, wrist ROM) three times daily
- Remove brace only for above exercises and showering
- Patient to remain in gunslinger brace for 8 weeks overall

_____ Weeks 6-12:

- **Precautions: No IR or adduction past midline**
- Begin PROM, progress to AAROM
- Discontinue brace at 8 weeks
- Begin AROM at 8 weeks
- No resisted motions of shoulder until 12 weeks post-op
- Grip strengthening
- Heat before PT, ice after PT

_____ Months 3-12:

- Discontinue ROM precautions
- Advance to full ROM as tolerated with passive stretching at end ranges
- Light passive stretching at end ranges
- Begin scapular exercises, PRE's for large muscle groups (pecs, lats, etc)
- Can begin strengthening/resisted motions, begin with isometrics with arm at side, advance as tolerated
- Begin activity-specific rehab at 4 ½ months, including advanced conditioning
- Cleared for full activity at 6 months
- MMI is usually at 9 months post-op

Comments:

_____ Teach Home Exercise Program

Modalities

_____ Heat before _____ Ice after _____ Other _____ _____ Therapist's discretion

Signature _____