Physical Therapy Prescription

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Patient Sticker

Arthroscopic Lower Trapezius Transfer Protocol

Surgical Date:

Side: Right Left

Diagnosis: Lower Trapezius transfer

Distal Clavicle Excision

Biceps Tenodesis

Phase	Goals	Precautions	Exercises
Phase 1: Weeks 0 – 6	Edema and pain control Protect Repair	Gunslinger brace at all times including sleep OK to remove for showers and exercises	Elbow, wrist, hand ROM Ice or cold flow system encouraged
Phase 2: Weeks 6- 12	Protect repair Restore ROM ADL's below 90	Sling except shower & exercises DC brace at 8 weeks No IR beyond abdomen	Advance scapular stabilization Improve scapulohumeral rhythm below 90° Progress AA/PROM to FF 155°, ABD 135°, ER 45°, ABER 90° No internal rotation stretching AROM in plane of scapula (supine → standing) Begin ER & IR isometrics No Strengthening
Phase 3: Weeks 12 - 16	Full ROM Normalize scapulohumer al rhythm throughout ROM Restore strength 5/5	Avoid painful ADL's Avoid rotator cuff inflammation Avoid excessive passive stretching	A/AA/PROM no limits Continue scapular stabilization Advance scapulohumeral rhythm Endurance: upper body ergometer (UBE) Begin resistive strengthening for scapula, biceps, triceps, and rotator cuff 51b lifting limit
Phase 4: Weeks 16+	Full ROM and strength Improve endurance Prevent re- injury	Avoid painful activities Return to sport (MD directed)	Advance eccentric training Initiate plyometrics Advance endurance training Sport specific activities

PROTOCOL FOR SPECIFIC PROCEDURES

o **DISTAL CLAVICLE EXCISION**: Weeks 0-8: no cross-body adduction, abduction >90°, or rotation in 90°.

o **BICEPS TENODESIS**: Weeks 0-4: no active elbow flexion. Weeks 4-8: begin biceps isometrics. Weeks 8+: begin biceps resistance training.

Treatment: 1-2 2-3 times per week for ____ weeks. Home Program

Modalities PRN (Ultrasound/ Phonophoresis/E-stim/Ice/Heat)

Physician's Signature: _____

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