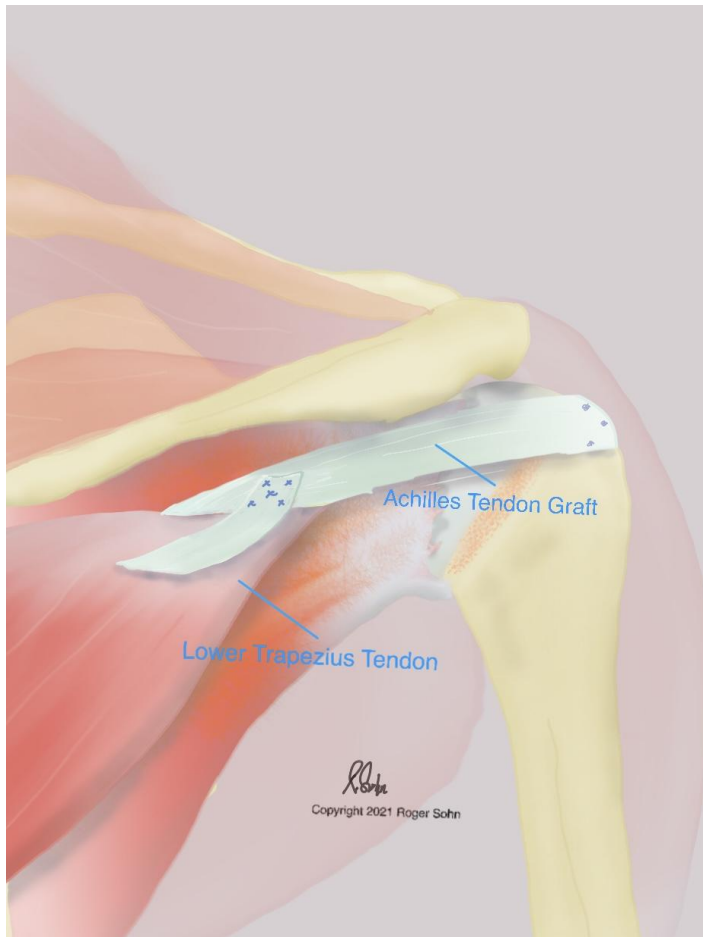


TENDON TRANSFER FOR CHRONIC ROTATOR CUFF TEAR



The inner layer of the shoulder muscles is called the rotator cuff. These muscles and tendons are prone to tears. When tears are left untreated for a long time, the muscle and tendon can become scarred and atrophied. This can lead to an especially debilitating form of shoulder impairment. In these chronic types of tears, a tendon transfer can restore shoulder elevation and rotation. There are “extra” muscles around the shoulderblade which can be transferred in order to restore elevation and rotation of the shoulder. The lower trapezius tendon is an excellent option for repowering the shoulder. We transfer the tendon using an achilles allograft tendon which is connected to the humeral head.

This guide is a summary of the postoperative protocol.

The shoulder must be immobilized in a special external rotation brace for the first 8 weeks after surgery. During that time, the brace can be removed for showering and dressing but otherwise, it must be worn full time. That includes when sleeping. After 8 weeks, we let you start using your own power to raise the arm without resistance but we wait till the 12 week mark to start strengthening exercises. At the 4 month mark, we remove all restrictions. However, most people take about 6 months to regain most function. About 9-12 months after the surgery, most people report they do not think about the shoulder any more as they experience the maximum amount of function.

As we discussed, there are risks of the surgery. The risks include, but are not limited to infection, bleeding, damage to nearby structures such as nerves or arteries, stiffness, scar tenderness, bicep deformity, failure to heal the tendon, anesthesia risks including death or

disability due to any of the above. Sometimes, additional surgeries might be necessary and recovery could be unexpectedly prolonged if complications arise.

Preop Instructions: Please use the Duac gel for 3 days leading up to the surgery. Put it on the shoulder and armpit as well as the neck each morning after your shower. Let it dry, then put on your normal clothes. This will reduce the risk of infection.

Post-Operative Care:

Activity: It is very important that you do not use your own power to move your arm for the first 8 weeks after surgery. You should not do any resistance exercises until after the 3 month mark. Ice the shoulder for 3-5 days after the surgery. You will go home in an immobilizer. This immobilizer is very important for keeping tension off of the repaired tendon. You should take the immobilizer off to do gentle pendulum exercises several times a day.

Wound Care:

There are strips of medical tape on your incisions. You can change the outer dressing on the third day after the surgery and shower. Leave the strips of tape in place. Keep a light dressing on until it is dry. Ice can be used for 2 hours on and 2 hours off, alternating.

Signs of infection include redness, pain, fever, and feeling ill. All wounds have some swelling and drainage, but if you have concerns, please call the office.

Medications:

You will go home after surgery with the prescription pain medication to be used as directed. Once again, the early numbness will wear off so you might want to take a pain pill before bedtime that first night.

Typically, the first morning after surgery is the worst and the pain tapers off after that. After a shoulder surgery like this, most people take the narcotics for just a week or two. Please be careful with narcotics as they are highly addictive.

Please take Vitamin C 500mg every day to help with tendon healing.

We look forward to being your partner on your recovery journey.

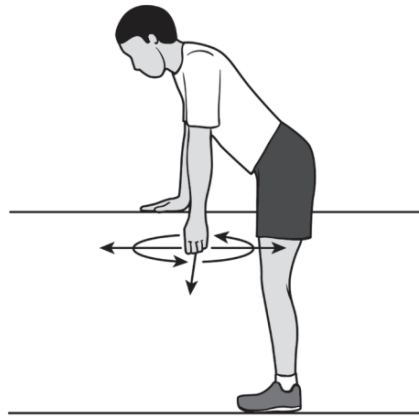
Sincerely,
Roger C. Sohn, MD
949-691-3131

ROTATOR CUFF TENDON TRANSFER PHYSICAL THERAPY PROTOCOL:

I ask my patients to follow a simplified physical therapy regimen. It consists of 3 phases.

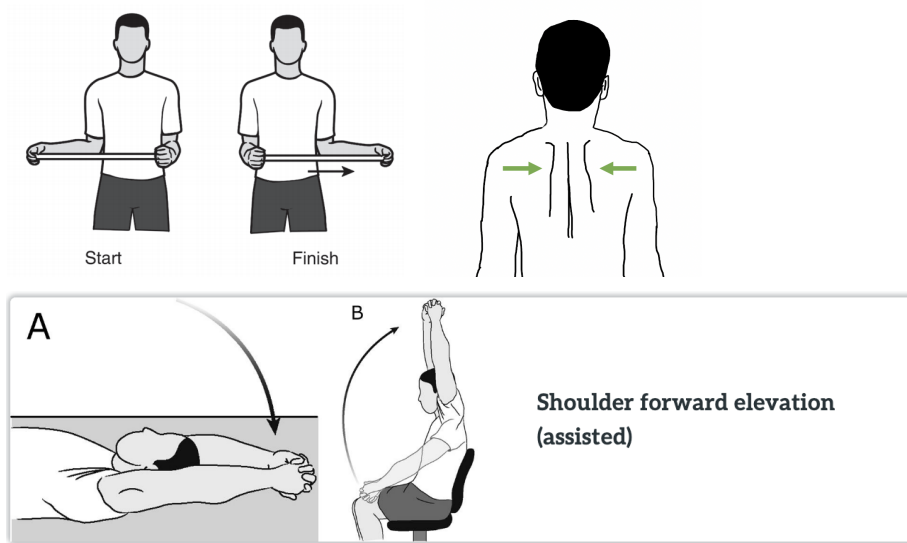
Phase I (Weeks 1-8): Bicep and rotator cuff precautions strictly observed. During this phase, no **active** exercises are allowed.

A shoulder external rotation immobilizer is to be used all the time for 8 weeks. It may be removed for showering and when doing pendulum exercises. Pendulum exercises can start right away. The main goals of this phase are to let the tendon heal to the bone. The immobilizer should continue to be worn in public for 8 weeks after surgery. Although it will feel very inconvenient at first, you will quickly learn how to manage all of your activities of daily living with the immobilizer.

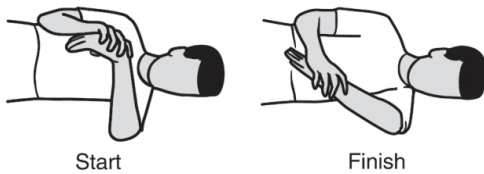
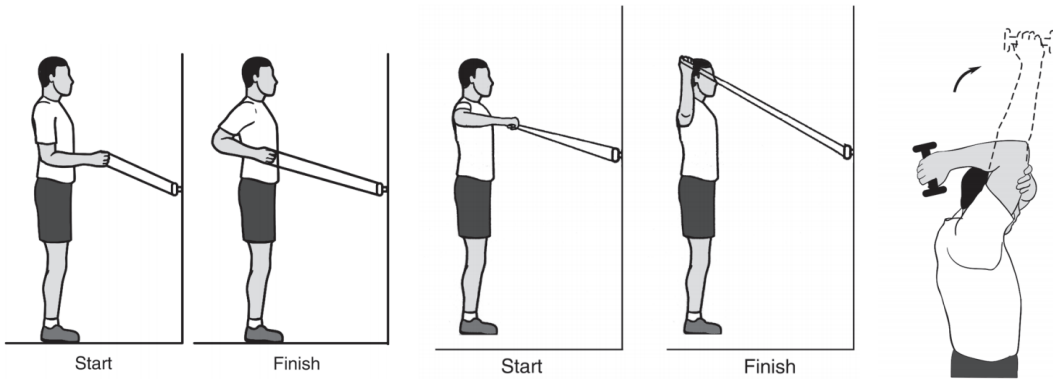
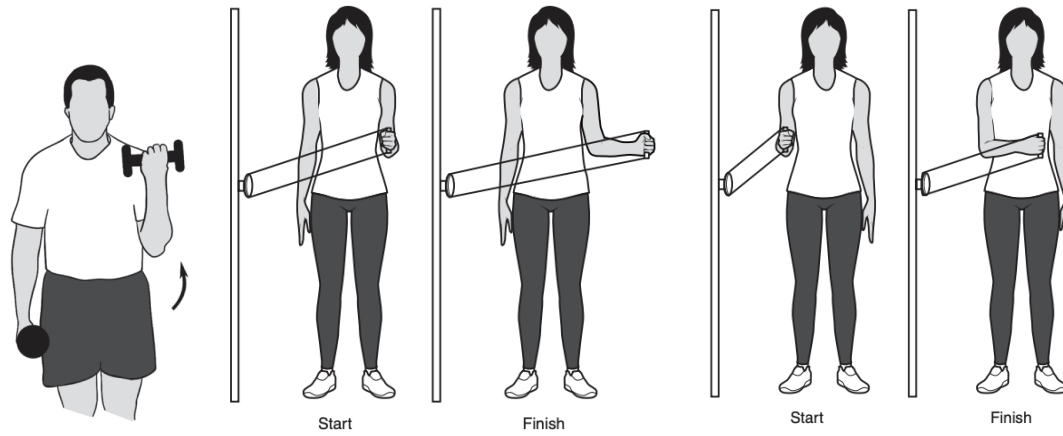


Phase II (Weeks 8-12): The shoulder immobilizer is discontinued. Bicep and rotator cuff precautions are phased out beginning at the 12th week. Active assisted range of motion is allowed without resistance beginning with place and hold exercises. Supine and seated stretches with active motion begins. Scapular pinches are allowed. No internal rotation stretches are allowed.

Goals of phase II: You should reach 45 degrees of external rotation and full forward flexion (155 degrees).



Phase III (Weeks 13 and onward): Strengthening is allowed in all directions. All precautions are gradually phased out. Band strengthening and light weights are started. Resistance is increased beginning week 16. All stretching restrictions are removed, including internal rotation.



Reference: 2016 Elhassan. JSES. Lower Trapezius Transfer For Posterior-Superior RCT.