



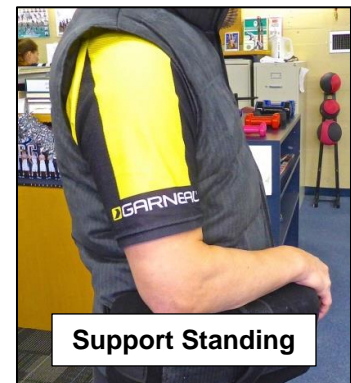
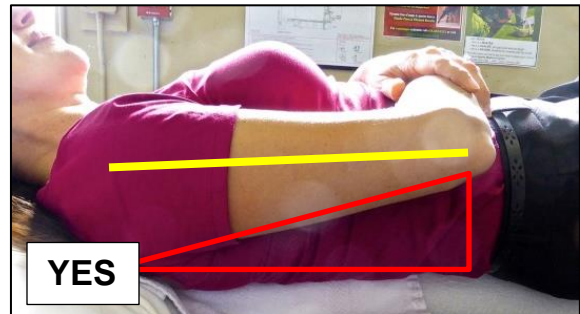
STIFF AND PAINFUL SHOULDER Patient Information & Exercise Prescription

General Rules and Guidelines:

- Follow your physicians orders on taking medication
- Recovery does not usually follow stages based on time (months)
- It is normal to have problems with sleep and posture
- Activity modification is important
- **“It’s not the toughest but the smartest patient who wins”**
 - Don’t work through pain – slow, controlled movements are keys to success

Sleep & Posture

- If you are lying, sitting or standing, support the arm in a stable fashion at all times
- Lying on the affected side or tucking the arm up under the pillow **does not** usually help recovery
- **DO NOT SLOUCH**
- **Ron’s Elbow Rule:** DON’T let the shoulder poke forward





Pain & Activity Modification

- Painful **trigger points** are common (on the front of the shoulder at the biceps tendon, at the deltoid insertion and at the medial border of the scapula)
 - ➔ Use heat or cold to help with pain – your choice – whichever seems to work best
- **Initially you will have to stop or markedly modify normal activities**
 - Activity of any kind **at or above** shoulder height is risky
 - Initially do not lift anything heavier than a plate of food or indoor clothes
 - Do not lift anything heavy at work or in the gym
 - Do not do one arm pushups
- **“The front burners of the stove” rule – no long levers**
 - Lifting anything away from the body is risky
- Expect **PAIN** if you throw anything or move the arm quickly (i.e. reaching for spilled coffee or controlling a dog on a leash)

Exercise: (specific exercise prescription on page 3)

- **Gentle, controlled movements are best**
 - Start with active assisted exercise (right and left arm work together)
- Initially, keep the duration of exercise sessions to 3 to 5 minutes every 2 or 3 hours (think “little and often”)
 - Exercise frequency should be 6 to 10 times/day
 - Lifting anything heavy is detrimental in the early stages (2 to 10lb maximum)
 - Lifting anything away from the body is risky – no long levers
 - If in doubt, less resistance is usually better
- **Main Concept – smooth, controlled motions – do not push into pain**

OTHER IMPORTANT INFORMATION:

- Pain free trunk, rib and scapular movements are helpful – a hug or light massage
- **DO NOT SLOUCH**
- You can walk backwards
- Activity in water is wonderful...so that is activity or play, it is **NOT** swimming
- Do every conceivable motion that does not cause pain (e.g. wipers, egg beaters, swoosh forward and back, swing a bat or golf club, keep arms on a float without reaching)

Closing Remarks:

- If your predominant symptom is pain or things are getting worse then **DO LESS** and look both ways before you cross the street
- If your predominant symptom is stiffness and you feel better, then push things a little (but in a controlled fashion) and act like Bobby Orr



Gentle, controlled, pain-free exercises are BEST

Exercise Prescription:

Recall:

- No heavy lifting or long levers
- With your exercises, do what works **best**
 - If one movement or exercise does not go well, then move on to something else
 - If one exercise really seems to help, **stay with it!**
- Start with active assisted exercises – two hands on weight/stick/band

Prescription

- Initially the exercises should be performed every couple of hours (6-10 times/day) in 3 to 10 minute intervals rather than a full 30 minute workout. The initial goal should be 3 sets of 12 repetitions with the ultimate goal of 3 sets of 20 repetitions.
- Initially do not push into painful zones. Hold the positions only briefly, only do a few at a time and only in zones you can control and tolerate

General Exercise:

- “Take the shoulder for a walk” 30 to 60 minutes each day – it fertilizes your brain and oxygenates your shoulder
- **Activity** in water is wonderful...**NOT** swimming
 - Includes walking in water while simultaneously moving your arms in a smooth breast stroke fashion
 - Play with pain-free movements – circles, wipers, egg beaters, swoosh forward/back
- **A RECIPROCAL PULLEY** is a good idea – pain free
 - Involve trunk movements with arm patterns
 - 200 to 400 per day in sets of 25 to 50 (every couple hours)



Go with your strengths –should feel right



Exercises:

1. T-Bar Drills

- Lying face up doing range of motion with a short T-bar works well
 - Use your strong arm to assist the injured arm into various ranges.
 - 3 variations – Linked Forward Elevation, Kayak, External Rotation

A) Linked Forward Elevation:

- Grasp the stick with both hands, palms facing feet
- Slowly move the stick up overhead, using strong arm to help weaker arm to point of resistance or pain
- Lower stick back down and repeat

B) Kayak Forward Elevation

- Grasp the top of the stick with the injured arm and the bottom of the stick with the strong arm
- Raise arm overhead in paddle motion to point of resistance or pain. Lower and repeat

C) External Rotation

- Support elbow on pillow or towel
- Grasp one end of the stick with each arm. Move the injured arm out into external rotation with the help of the other arm
- Ensure elbow stays in contact with the pillow/towel

A



B



C



2. Pendular Exercises are a great idea – 3 variations

A) Momentum Pendulum – No Active Movement

- Bend over with strong arm supported on surface and light weight in hand
- Injured arm hangs down. Swing hips to initiate shoulder movement
- There should be NO active muscle work in the shoulders, movement is coming from momentum of the body
- Get arm moving in circles (both directions), side to side and forward/back

B) Controlled Pendulum – Active Shoulder Control

- Set up as above. Use shoulder musculature to initiate movement
- Draw circles (both directions), side to side movements and forward/back with shoulder

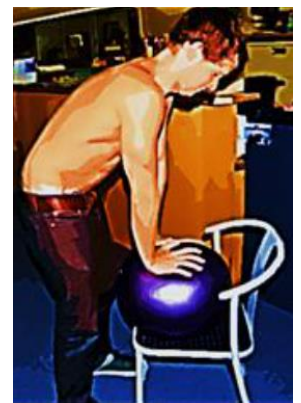
C) Modified Pendulum

- Press both hands down on a ball in a chair (compression into ball)
- The sore arm can “go along for the ride” so to speak
- Draw circles and complete side to side and forward/back movements

A&B



C





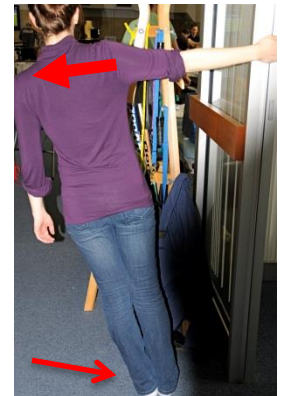
3. Roll ball on table or wall

- You can help re-educate normal movement patterns and sequences by rolling a ball on a table or counter top or wall
- Table:
 - Place both hands on the ball and draw circles, forward back and side to side motions with the ball
 - The higher the surface, the more forward range you achieve with your shoulder – however, movement should be pain free
 - Progression – one arm ball rolls on the table
- Wall:
 - Place both hands on the ball and do circles, move the ball left and right and walk the ball up the wall



4. Traction Stretch

- On the corner of door frame or table/counter
- Hold door frame with feet close to door and lean out in controlled manner
- Keep shoulder and arm in line with each other
- Do not let shoulder roll forward



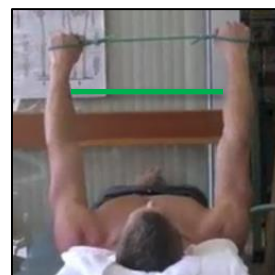
5. Wipers

- Lying supine usually allows more and easier movement
- Paired arm movement gives more control and support
- Instructions – with weight in between two hands, reach for the ceiling and complete 3 motions:
 - A) Oval Circles (small, precise circles in both directions)
 - B) Reach Right then Left
 - C) Move North and South (up and down) body



6. Band Drills – 3 Zones

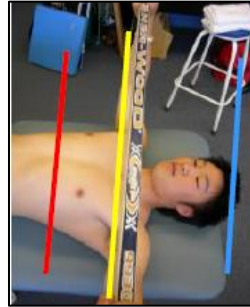
- Keeping arms straight, separate tubing with smooth controlled motion in three zones:
 - A) Diaphragm (bottom of ribs)
 - B) Shoulder
 - C) Forehead
 - D) Transition from Zone A ↔ C





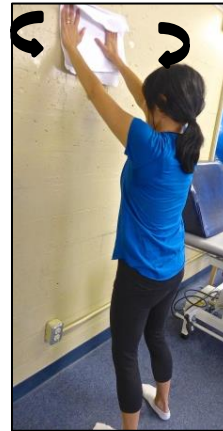
7. Hockey Stick – Wide and Narrow 3 Zones

- Light resistance by a partner on the stick at:
 - A) Forehead
 - B) Shoulder
 - C) Diaphragm
- Match partners resistance with arms wide and arms narrow



8. Wax on – Wax off

- Movement patterns on the wall can also help to re-educate normal muscle sequences
- Press hands into cloths on wall keeping shoulder blades flat on upper back
- Draw circles and reach side to side and up/down
- Ensure shoulders stay down and blades stay engaged on back (no winging)
- Start with both hands on one cloth and progress to two clothes



9. Tube Assisted Forward Elevation

- Lying on back, tension tubing and begin lifting strong arm overhead
- Use tension of the tubing to lift injured arm overhead to point of pain or resistance
- Pull tubing down with injured arm toward hip. Repeat

