



## SHOULDER INSTABILITY, ANTERIOR, SURGERY FOR

### ■ ■ ■ Indications (Who Needs Surgery, When, Why, and Goals)

Surgery for shoulder instability is reserved for people who have recurrent shoulder dislocations or subluxations that affect activities of daily living or sports activities; these patients have usually tried an appropriate rehabilitation program for at least 3 to 6 months with symptomatic recurrent shoulder dislocation or subluxation. Surgery is occasionally recommended for some individuals after the first dislocation. Traumatic anterior dislocations have up to an 80% likelihood of recurrent dislocations, particularly in young patients. The likelihood of success of a rehabilitation program is only 20% in this group, whereas older patients or patients with an anterior dislocation that is not associated with trauma may have up to 80% success with rehabilitation. Surgery may also be performed in a patient who has had a prior operation for shoulder instability. The goal of surgery is to stabilize the shoulder to prevent further subluxations or dislocations. One of the reasons the shoulder is the most commonly dislocated major joint is that it has more motion than any other major joint. Tightening the shoulder joint may reduce some shoulder motion. Stabilizing the shoulder is done by reattaching the labrum to the glenoid (socket) and tightening the capsule and ligaments. Less often, other structures may be moved or used to replace or give additional support to the ligaments of the shoulder. Recurrent dislocations or subluxations without fracture are rarely associated with arthritis. Thus the timing of surgery in relation to the injury is not critical.

### ■ ■ ■ Contraindications (Reasons Not To Operate)

- Infection of the shoulder
- Inability or unwillingness to complete the postoperative program of keeping the shoulder in a sling or immobilizer or to perform the rehabilitation necessary
- Emotional or psychological problems that contribute to the shoulder condition
- Multidirectional or posterior instability
- Voluntary instability (dislocating the shoulder at will, particularly for secondary gain)

Surgery is not always as effective if the patient has generalized looseness of joints. Shoulder arthritis is a relative contraindication.

### ■ ■ ■ Risks and Complications of Surgery

- Infection
- Bleeding
- Injury to nerves (numbness, weakness, paralysis) of the shoulder and arm, most commonly to the axillary nerve (to the deltoid muscle and skin of the outer shoulder) and

musculocutaneous nerve (to the biceps muscle and skin of the outer forearm)

- Recurrence of instability (dislocation or subluxation)
- Continued pain
- Detachment of the subscapularis muscle
- Stiffness or loss of motion of the shoulder
- Inability to return to the same level of competition
- Moving or breaking of surgical anchors
- Arthritis

### ■ ■ ■ Technique (What Is Done)

Different techniques are in use at this time. There are arthroscopic techniques and open-incision techniques. The overall goal is to reattach the labrum to the glenoid (when it is detached) and tighten the capsule and ligaments. One of the most popular open techniques involves going between the deltoid and pectoralis muscles to get to the subscapularis muscle, which covers and is partially attached to the capsule of the shoulder. The subscapularis muscle-tendon is either split in line with its fibers or all or part of it is removed from the arm bone. The capsule is separated from the subscapularis muscle and tendon. The capsule is then cut and the labrum repaired to the glenoid (when necessary) with sutures (threads), with or without surgical anchors, which are inserted into the glenoid rim. If the capsule and ligament are stretched, the shoulder is tightened by folding the excess capsule underneath itself and stitching it together.

Arthroscopic techniques involve using small incisions (arthroscopy portals) to repair the labrum to the glenoid (when necessary) with sutures (threads), with or without surgical anchors, which are inserted into the glenoid rim. If the capsule and ligaments are stretched, the shoulder is tightened either by folding the excess capsule underneath itself and sewing it together or by using heat to shrink it.

Other techniques do not try to replicate the normal anatomy of the shoulder capsule and ligaments. These include moving muscle to reduce shoulder motion or moving bone from another area and using the bone to prevent shoulder dislocations.

### ■ ■ ■ Postoperative Course

- Management after surgery varies based on technique used and surgeon preference, as well as arm dominance and the sport you participate in.
- Keep the wound clean and dry for the first 10 to 14 days after surgery.
- Keep the shoulder in a sling, brace, or immobilizer for as long as your surgeon tells you, usually 3 to 8 weeks.
- You will be given pain medications by your physician.
- You may be told to perform passive motion exercises (not using the operated shoulder's muscles to move the arm) after surgery.

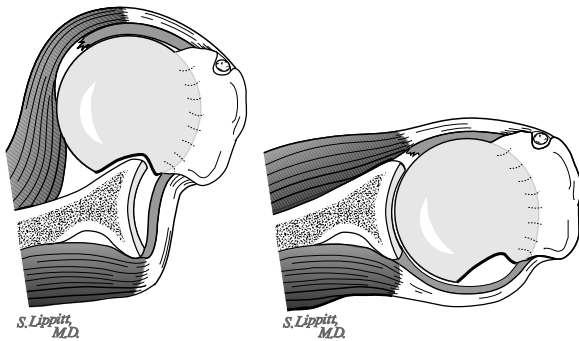
- Postoperative rehabilitation and exercises are very important to regain motion and then strength.

### ■ ■ ■ Return To Sports

- Return to sports depends on the type of sport and the position played, as well as the quality of the ligaments and capsule at the time of repair.
- A minimum of 3 months is necessary after surgery before return to sports.
- Full shoulder motion and strength are necessary before returning to sports

### ■ ■ ■ Notify Our Office If

- You experience pain, numbness, or coldness in the hand
- Blue, gray, or dusky color appears in the fingernails

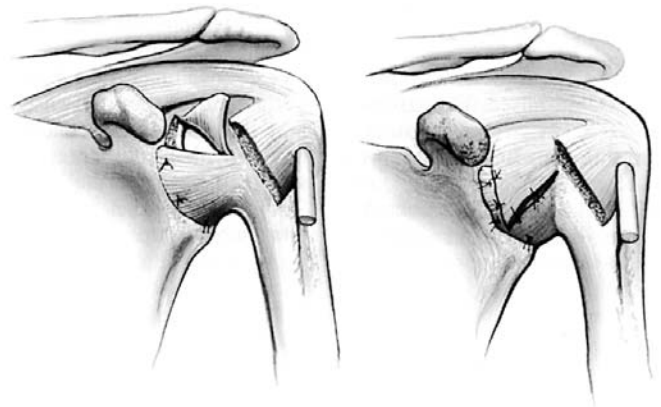


**Figure 1**

From Rockwood CA Jr., Matsen FA III: *The Shoulder*, 2nd ed. Philadelphia, WB Saunders, 1998, p. 613.

- Any of the following occur after surgery:
  - Increased pain, swelling, redness, drainage, or bleeding in the surgical area.
  - Signs of infection (headache, muscle aches, dizziness, or a general ill feeling with fever)
- New, unexplained symptoms develop (drugs used in treatment may produce side effects)

Do not eat or drink anything before surgery. Solid food makes general anesthesia more hazardous.



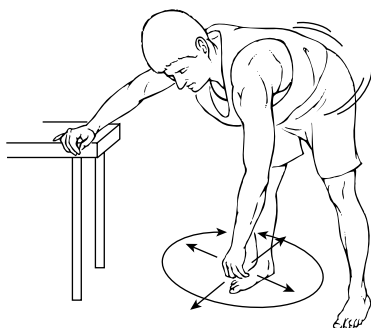
**Figure 2**

From Nicholas JA, Hershman EB: *The Upper Extremity in Sports Medicine*. St. Louis, Mosby, 1995, p. 190.

➤ **RANGE OF MOTION AND STRETCHING EXERCISES** • Shoulder Instability, Anterior, Surgery For—Phase I: Immediately After Immobilization

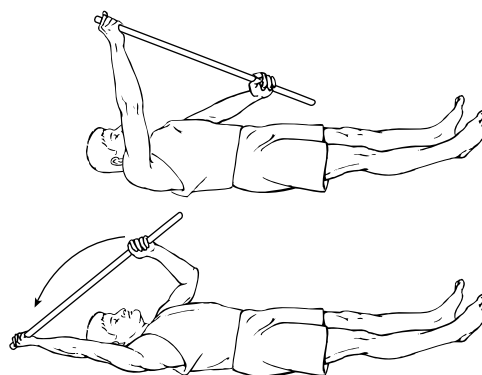
These are some of the *initial* exercises you may start your rehabilitation program with after your surgeon has stated that you may begin moving your shoulder. The period of time your shoulder is immobilized will vary depending on the type and severity of injury and the type of surgery. Continue these exercises as instructed until you see your physician, physical therapist, or athletic trainer again. You should attempt to avoid motions that place both your hands and your elbows behind the midline of your body with your arms at shoulder height or above. Please remember:

- Flexible tissue is more tolerant of the stresses placed on it during activities.
- Each stretch should be held for 20 to 30 seconds.
- A *gentle* stretching sensation should be felt.



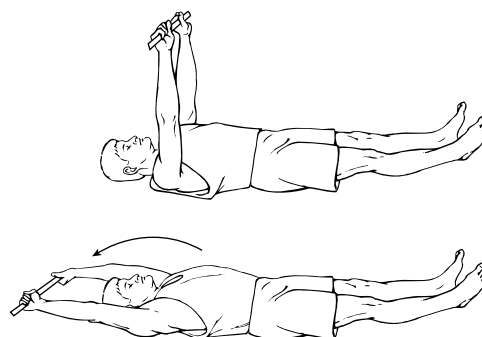
**SHOULDER • Pendulum**

1. Lean forward at the waist, letting your \_\_\_\_\_ arm hang freely. Support yourself by placing the opposite hand on a chair, table, or counter as shown.
2. Sway your *whole body* slowly forward and back. This will cause your arm to move. Let your arm hang freely. Do not tense it up.
3. Repeat the above swaying side to side and moving in circular patterns, clockwise and counterclockwise.
4. Do \_\_\_\_\_ repetitions in each direction.
5. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.



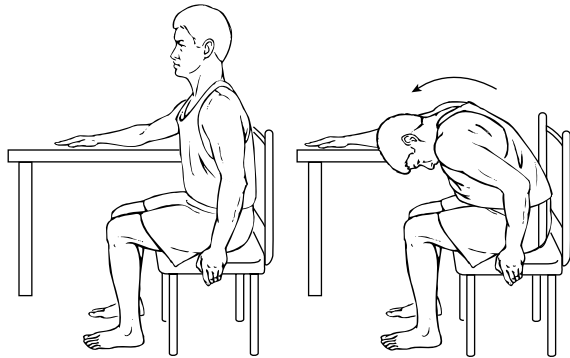
**SHOULDER • Flexion**

1. Lie on your back. Grasp the bottom of a stick, handle of an umbrella, or blade of a golf club in your \_\_\_\_\_ hand as shown.
2. Using the stick, raise your arm overhead as shown until you feel a gentle stretch. Lead with the thumb in a “thumbs up” position.
3. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day. Hold each repetition 5 to 10 seconds.



**SHOULDER • Flexion**

1. Lie on your back holding a stick in both hands, keeping your hands shoulder-width apart.
2. Raise both hands over your head until you feel a gentle stretch.
3. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day. Hold each repetition 5 to 10 seconds.



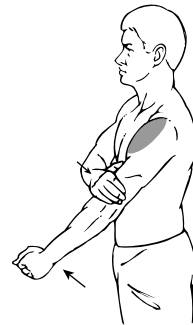
### SHOULDER • Flexion

1. Sit in a chair with your \_\_\_\_\_ arm on a table as shown.
2. Lean forward, sliding your arm forward on the table until you feel a gentle stretch.
3. Return to the starting position.
4. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day. Hold each repetition 5 to 10 seconds.

#### ➤ STRENGTHENING EXERCISES • Shoulder Instability, Anterior, Surgery For—Phase I: Immediately After Immobilization

These are some of the *initial* exercises you may start your rehabilitation program with after your surgeon has stated that you may begin moving your shoulder. The period of time your shoulder is immobilized will vary depending on the type and severity of injury and the type of surgery. Initially, when performing these *strengthening* exercises you should not raise your arm above shoulder height unless specifically instructed to do so by your physician, physical therapist, or athletic trainer. Continue these exercises as instructed until you see your physician, physical therapist, or athletic trainer again. You should attempt to avoid motions that place both your hands and your elbows behind the midline of your body with your arms at shoulder height or above. Please remember:

- Strong muscles with good endurance tolerate stress better.
- Do the exercises as *initially* prescribed by your physician, physical therapist, or athletic trainer. Progress slowly with each exercise, gradually increasing the number of repetitions and weight used under their guidance.



### STRENGTH • Shoulder Flexion, Isometric

1. While standing, raise your \_\_\_\_\_ arm straight in front of your body as shown.
2. Place the other hand on top of your arm and push down. Do not allow your arm to move. Push as hard as you can without having any pain or moving the arm.
3. Hold this position for \_\_\_\_\_ seconds and then *slowly* return to the starting position.
4. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.



**STRENGTH • Shoulder Abduction, Isometric**

1. While standing, raise the \_\_\_\_\_ arm slightly away from the body as shown.
2. Place the other hand on top of your arm and push down. Do not allow your arm to move. Push as hard as you can without having any pain or moving the arm.
3. Hold this position for \_\_\_\_\_ seconds and then *slowly* return to the starting position.
4. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.



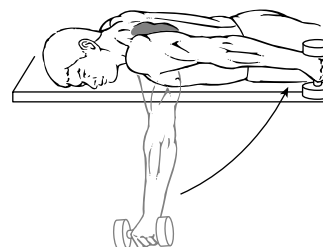
**SHOULDER • Internal Rotation, Isometric**

1. Bend your \_\_\_\_\_ elbow to 90 degrees as shown, holding the arm slightly in front of the body.
2. Place your opposite hand on the inside of your wrist as shown.
3. Try to turn/rotate your arm inward, toward the body, as if it were a gate swinging closed. Resist this motion with the opposite hand that is on the inside of your wrist. Do not let any motion occur.
4. Hold this position for \_\_\_\_\_ seconds.
5. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.



**STRENGTH • Shoulder, External Rotation, Isometric**

1. Bend your \_\_\_\_\_ elbow to 90 degrees as shown, holding your arm slightly in front of your body.
2. Place your opposite hand over your wrist as shown.
3. Try to turn/rotate your arm outward, away from your body, as if it were a gate swinging open. Resist this motion with the opposite hand that is on your wrist. Do not let any motion occur.
4. Hold this position for \_\_\_\_\_ seconds.
5. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.



**STRENGTH • Shoulder Extension**

1. Lie on your stomach with your \_\_\_\_\_ arm off the edge of the bed.
2. Holding a \_\_\_\_\_ pound weight in your hand, slowly raise the arm up and backward toward the ceiling.
3. Hold this position for \_\_\_\_\_ seconds and then *slowly* return to the starting position.
4. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.

➤ **RANGE OF MOTION AND STRETCHING EXERCISES** • Shoulder Instability, Anterior, Surgery For—Phase II

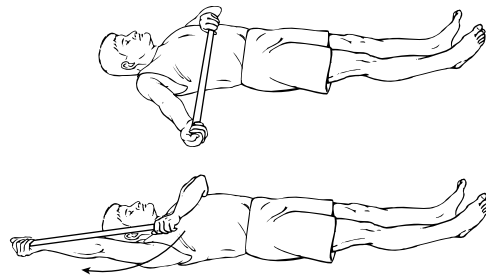
These are some of the exercises you may start your rehabilitation program with after your surgeon has cleared you to go on to this phase. How soon after surgery you start these exercises will depend on the type of surgery you had. All Phase I exercises may also be continued as appropriate. Continue these exercises as instructed until you see your physician, physical therapist, or athletic trainer again. You should attempt to avoid motions that place both your hands and your elbows behind the midline of your body with your arms at shoulder height or above. Please remember:

- Flexible tissue is more tolerant of the stresses placed on it during activities.
- Each stretch should be held for 20 to 30 seconds.
- A *gentle* stretching sensation should be felt.



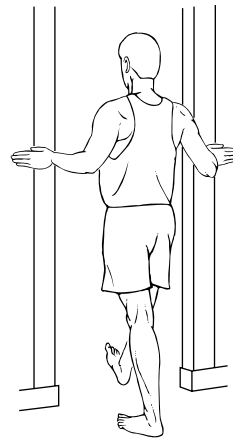
**SHOULDER • Flexion**

1. While standing near a wall as shown, slowly “walk” your fingers up the wall until you feel a gentle stretch.
2. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day. Hold each repetition 5 to 10 seconds.



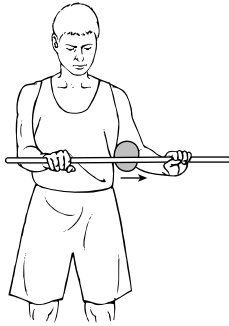
**SHOULDER • Abduction**

1. Lie on your back holding a stick, umbrella handle, or golf club in your hand as shown. The hand should be in the “thumbs up” position.
2. Using the stick, slowly push your arm away from your side and as far overhead as you can without pain. Push until you feel a gentle stretch.
3. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day. Hold each repetition 5 to 10 seconds.



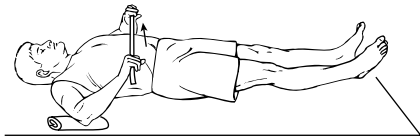
**SHOULDER • External Rotation**

1. Stand in front of a door frame as shown.
2. Your arms should be at your side with your elbows bent to 90 degrees and your \_\_\_\_\_ hand(s) on the side of the doorway as shown.
3. Slowly step through the doorway with one foot. Use this stepping motion to obtain a stretch in the front of the shoulder and chest. **Do not lean through the doorway.**
4. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day. Hold each repetition 5 to 10 seconds.



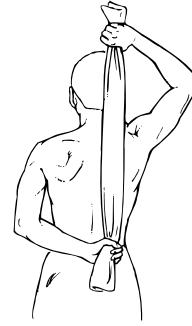
### SHOULDER • External Rotation

1. Lie on your back or stand with your \_\_\_\_\_ arm at your side and your elbow bent to 90 degrees. Hold a stick, umbrella handle, or golf club in your hands as shown.
2. Using the stick turn/rotate your hand and forearm away from your body as shown.
3. ***Make sure you keep your upper arm and elbow next to your side.***
4. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day. Hold each repetition 5 to 10 seconds.



### SHOULDER • Internal Rotation

1. Lie on your back with your \_\_\_\_\_ arm out away from your body about 60 degrees and a rolled-up towel placed under your elbow as shown.
2. Turn/rotate your arm inward toward your body from the shoulder.
3. To assist in this stretch you may use a rope or towel to gently pull the arm farther inward as shown.
4. Make sure to keep your shoulders flat on the floor/bed on which you are lying.



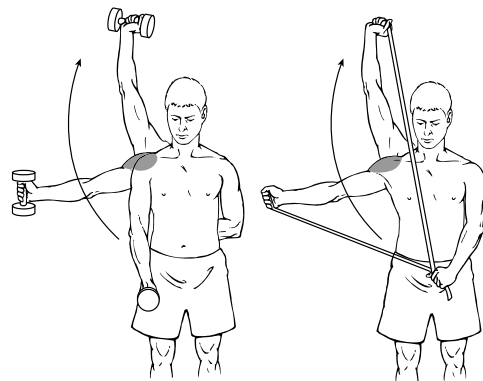
### SHOULDER • Internal Rotation

1. Place your \_\_\_\_\_ hand behind your back.
2. Drape a towel over your opposite shoulder and grasp it with the hand that is behind your back.
3. Use the towel to gently pull your hand farther up your back until you feel a gentle stretch.
4. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day. Hold each repetition 5 to 10 seconds.

### > STRENGTHENING EXERCISES • Shoulder Instability, Anterior, Surgery For—Phase II

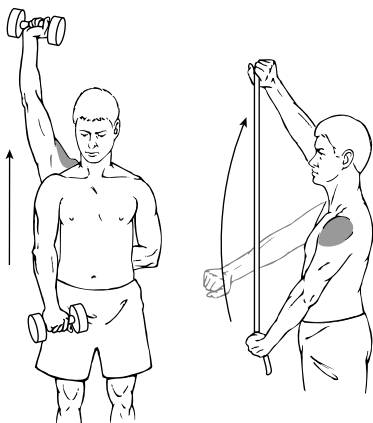
These are some of the exercises you may start your rehabilitation program with after your surgeon has cleared you to go on to this phase. How soon after surgery you start these exercises will depend on the type of surgery you had. All Phase I exercises may also be continued as appropriate. Continue these exercises as instructed until you see your physician, physical therapist, or athletic trainer again. You may begin to work on strengthening exercises above shoulder height if cleared by your physician, physical therapist, or athletic trainer. All Phase I exercises may be continued as appropriate. Continue these exercises as instructed until you see your physician, physical therapist, or athletic trainer again. You should continue to attempt to avoid motions that place both your hands and your elbows behind the midline of your body with your arms at shoulder height or above. Please remember:

- Strong muscles with good endurance tolerate stress better.
- Do the exercises as *initially* prescribed by your physician, physical therapist, or athletic trainer. Progress slowly with each exercise, gradually increasing the number of repetitions and weight used under their guidance.



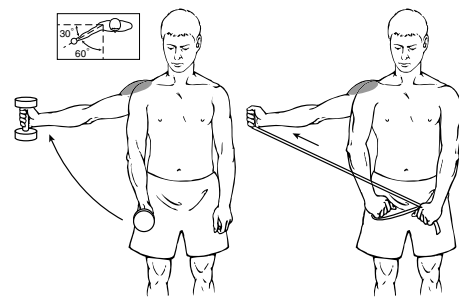
### STRENGTH • Shoulder Abduction

1. Stand holding a \_\_\_\_\_ pound weight in your \_\_\_\_\_ hand and your palm facing your body as shown, or hold the rubber band/tubing as shown.
2. Slowly raise the arm up to the side and as far overhead as you can in your *pain free* range. If this is painful, stop and discuss this with your physician, physical therapist, or athletic trainer. *You should not progress above shoulder height unless instructed to do so by your physician, physical therapist, or athletic trainer.* If you are cleared to go above shoulder height, as you raise the arm to shoulder height begin to turn the palm toward the ceiling.
3. *Slowly* return to the starting position.
4. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.



### STRENGTH • Shoulder Flexion

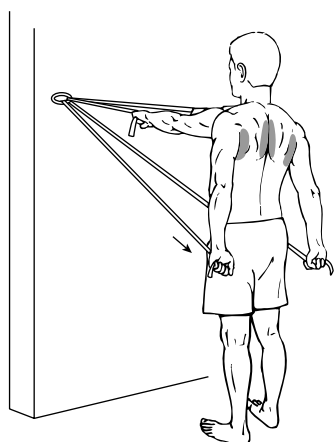
1. Stand holding a \_\_\_\_\_ pound weight in your \_\_\_\_\_ hand as shown, or hold the rubber band/tubing as shown.
2. Slowly raise your arm overhead as far as you can in your *pain free* range of motion. Do not allow your shoulder to “shrug up” while doing this exercise.
3. Keep your hand in a “thumbs-up” position
4. Hold this position for \_\_\_\_\_ seconds and then *slowly* return to the starting position.
5. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.



### STRENGTH • Scaption, Thumb Up

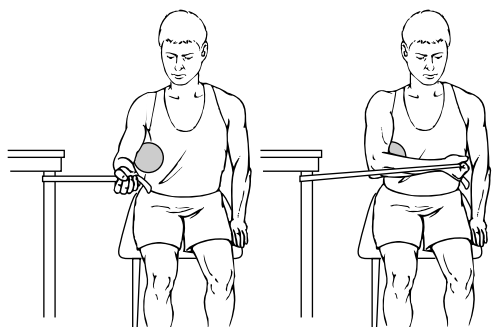
1. Hold a \_\_\_\_\_ pound weight in your \_\_\_\_\_ hand with your arm at your side but slightly forward (approximately 30 degrees; see small diagram). This exercise may also be done with rubber band/tubing as shown.
2. Your hand should be in a “thumbs-up” position.
3. Slowly raise your arm in the “thumbs-up” position through your *pain free* range. If this is painful, stop and discuss this with your physician, physical therapist, or athletic trainer. Do not allow your shoulder to “shrug up” while doing this exercise.
4. Hold this position for \_\_\_\_\_ seconds and then *slowly* return to the starting position.
5. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.





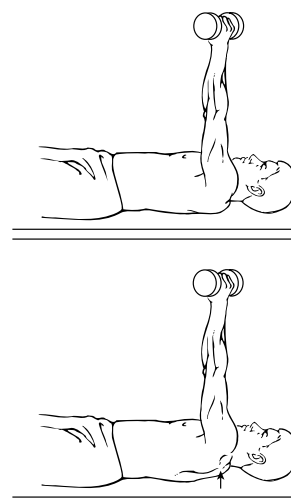
**STRENGTH • Shoulder Extension**

1. Anchor/secure rubber band/tubing around a stable object such as a stair post or around the knob of a closed door.
2. Stand holding the rubber band/tubing in front of you with your arms extended as shown.
3. Squeeze/pinch your shoulder blades together and pull your arms down and backward as shown. **Do not pull arms past the midline of your body.**
4. Hold this position for \_\_\_\_\_ seconds and then **slowly** return to the starting position.
5. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.



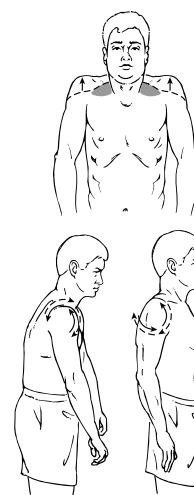
**SHOULDER • Internal Rotation**

1. Anchor the rubber band/tubing to a heavy/solid object as shown.
2. Place a small ball or towel between your elbow and body as shown in the drawing and bend your elbow to 90 degrees. Squeeze the ball gently to the side of your chest with your elbow.
3. Turn/rotate your arm in toward your body (across your chest/stomach). Do not let the ball move/fall away from the side of your chest.
4. Hold this position for \_\_\_\_\_ seconds and then **slowly** return to the starting position.
5. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.



**SHOULDER • Scapular Protraction**

1. Lie on your back with your \_\_\_\_\_ arm straight up in the air as shown. Hold a \_\_\_\_\_ pound weight in your hand.
2. Push your hand up toward the ceiling, keeping your elbow straight and raising your shoulder off the floor.
3. Hold this position for \_\_\_\_\_ seconds and then **slowly** return to the starting position.
4. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.



**SHOULDER • Scapular Elevation, Shrugs**

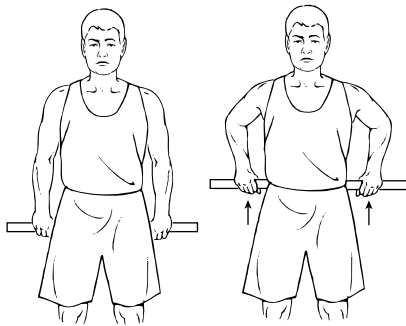
1. Stand with your arms at your side in a **good erect posture**.
2. Subtly “shrug” your shoulders up and back toward your ears.
3. Hold this position for \_\_\_\_\_ seconds and then **slowly** return to the starting position.
4. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.
5. You may perform this exercise with a \_\_\_\_\_ pound weight in each hand.
6. Avoid standing in a slouched position with poor posture by using this technique intermittently throughout the day.

➤ **RANGE OF MOTION AND STRETCHING EXERCISES** • Shoulder Instability, Anterior, Surgery For—Phase III

As your recovery progresses and you are cleared by your surgeon to become more aggressive with your exercise program, these are some exercises that may be prescribed by your physician, physical therapist, or athletic trainer. When you start these exercises will depend on your progress and recovery. All Phase II exercises may also be continued as appropriate.

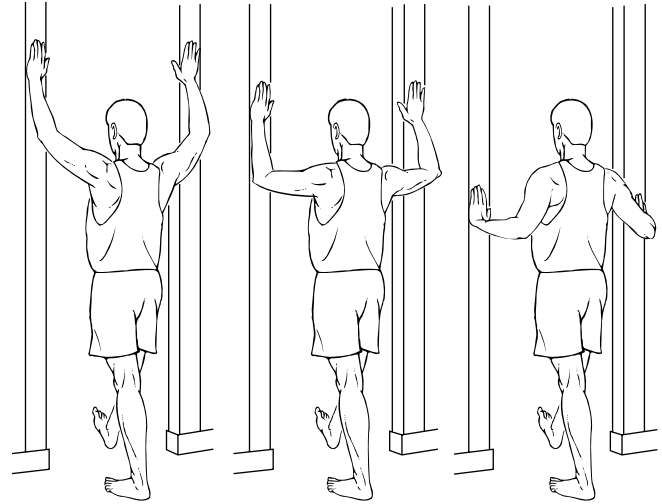
Continue these exercises as instructed until you see your physician, physical therapist, or athletic trainer again. You should continue to attempt to avoid motions that place both your hands and your elbows behind the midline of your body with your arms at shoulder height or above. Please remember:

- Flexible tissue is more tolerant of the stresses placed on it during activities.
- Each stretch should be held for 20 to 30 seconds.
- A *gentle* stretching sensation should be felt.



**SHOULDER** • Internal Rotation

1. Grasp a stick behind your back with both hands as shown.
2. Slide the stick up your back until you feel a gentle stretch.
3. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day. Hold each repetition 5 to 10 seconds.



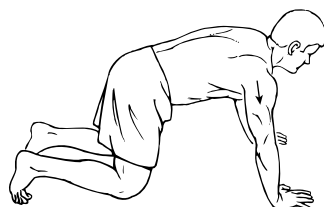
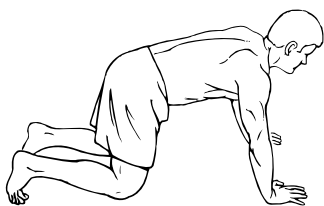
**SHOULDER** • External Rotation and Abduction

1. Stand in front of a door frame as shown.
2. Your hands and forearms may be placed on the door frame in any of the positions shown in the diagram. *Your physician, physical therapist, or athletic trainer will instruct you regarding which position you are to use! This exercise may be done with both arms at the same time or just one arm.*
3. Slowly step through the doorway with one foot. Use this stepping motion to obtain a stretch in the front of the shoulder and chest. ***Do not lean through the doorway.***
4. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day. Hold each repetition 5 to 10 seconds.

➤ **STRENGTHENING EXERCISES** • Shoulder Instability, Anterior, Surgery For—Phase III

As your recovery progresses and you are cleared by your surgeon to become more aggressive with your exercise program, these are some exercises that may be prescribed by your physician, physical therapist, or athletic trainer. When you start these exercises will depend on your progress and recovery. All Phase II exercises may also be continued as appropriate. Continue these exercises as instructed until you see your physician, physical therapist, or athletic trainer again. You should continue to attempt to avoid motions that place both your hands and your elbows behind the midline of your body with your arms at shoulder height or above. Please remember:

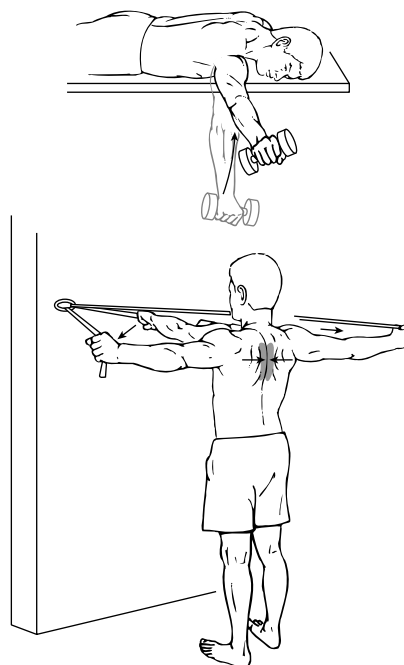
- Strong muscles with good endurance tolerate stress better.
- Do the exercises as *initially* prescribed by your physician, physical therapist, or athletic trainer. Progress slowly with each exercise, gradually increasing the number of repetitions and weight used under their guidance.



**SHOULDER** • Scapular Protraction

1. Position yourself on your hands and knees as shown.
2. Keep your elbows straight and push down with your hands, raising the back of your shoulders up as shown in the drawing.
3. Hold this position for \_\_\_\_\_ seconds and then *slowly* return to the starting position.
4. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.

**This exercise may be made harder by assuming a push-up position. Before trying this check with your physician, physical therapist, or athletic trainer.**



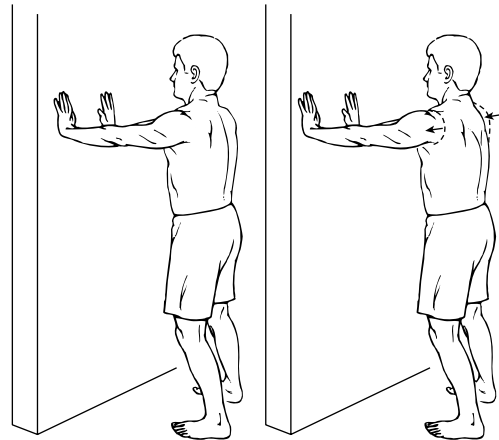
**SHOULDER** • Horizontal Abduction

1. *If using a weight*—Lie on your stomach with your \_\_\_\_\_ arm over the edge of the bed as shown, holding a \_\_\_\_\_ pound weight in your hand.
2. Raise the arm up slowly so that it is level with the edge of the bed. Keep your elbow straight.
3. Hold this position for \_\_\_\_\_ seconds and then *slowly* return to the starting position.
4. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.
1. *If using rubber band/tubing*—Anchor the rubber band/tubing to a solid object.
2. Hold one end of the band/tubing in each hand as shown with your arms straight out in front of you.
3. Spread your arms apart, pulling straight backward, keeping them parallel to the floor.
4. Hold this position for \_\_\_\_\_ seconds and then *slowly* return to the starting position.
5. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.



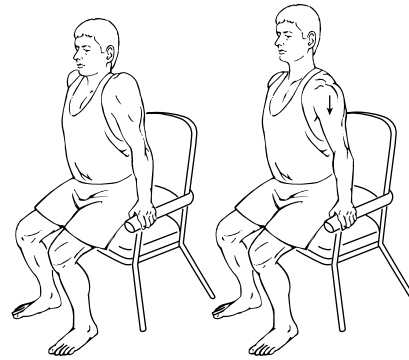
### SHOULDER • Horizontal Adduction

1. **If using a weight**—Lie on your back with your \_\_\_\_\_ arm on the bed as shown, holding a \_\_\_\_\_ pound weight in your hand.
  2. Raise your arm up slowly toward the ceiling, straightening out your elbow.
  3. Hold this position for \_\_\_\_\_ seconds and then *slowly* return to the starting position.
  4. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.
1. **If using rubber band/tubing**—Anchor the rubber band/tubing to a solid object.
  2. Hold one end of the band/tubing in each hand as shown with your elbows bent. Your elbows should be in line with your body, *not* behind your body.
  3. Push your arms forward, straightening out your elbows. Keep your arms parallel to the floor.
  4. Hold this position for \_\_\_\_\_ seconds and then *slowly* return to the starting position.
  5. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.



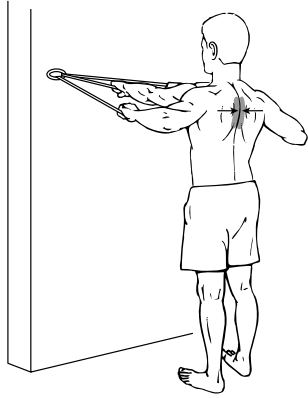
### SHOULDER • Scapular Protraction

1. Stand with your hand against a wall as shown.
2. Keep your elbows straight and push down with your hands, raising the back of your shoulders away from the wall as shown in the drawing.
3. The farther away from the wall you stand, the harder the exercise.
4. Hold this position for \_\_\_\_\_ seconds and then *slowly* return to the starting position.
5. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.



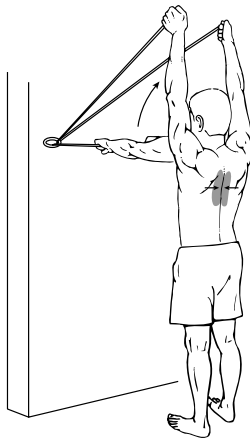
### SHOULDER • Depression

1. Support yourself as shown in an armchair. Your elbows should be straight and your feet flat on the floor.
2. Push your shoulders downward. **Do not bend your elbows.**
3. Support your weight as needed by using your legs.
4. Hold this position for \_\_\_\_\_ seconds and then *slowly* return to the starting position.
5. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.



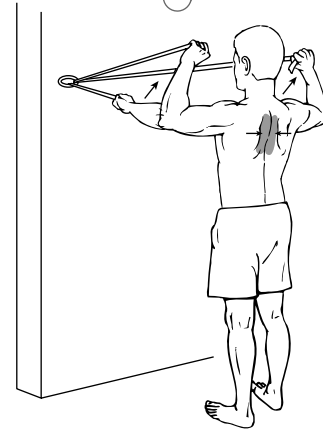
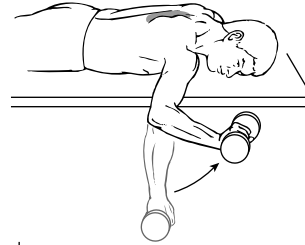
**SHOULDER • Scapular Retraction**

1. Anchor rubber band/tubing to a stable, fixed object.
2. Hold one end of the band/tubing in each hand with your arms straight out in front of you.
3. Squeeze/pinch your shoulder blades together.
4. Keeping your shoulder blades pinched together, pull your arms back as shown. Your hands should be level with your shoulders when you finish. Do not let your elbows go behind your body.
5. Hold this position for \_\_\_\_\_ seconds and then *slowly* return to the starting position.
6. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.



**SHOULDER • Scapular Retraction and Elevation**

1. Hold one end of the band/tubing in each hand. Your elbows should be bent 90 degrees and at shoulder height.
2. Squeeze/pinch your shoulder blades together.
3. Keeping both arms straight, raise them both up overhead.
4. Lead with your thumbs so that they are in a “thumbs up” position.
5. Hold this position for \_\_\_\_\_ seconds and then *slowly* return to the starting position.
6. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.



**SHOULDER • Scapular Retraction and External Rotation**

1. *If using a weight*—Lie on your stomach with your \_\_\_\_\_ arm out to the side and over the edge of the bed as shown. The elbow should be bent to 90 degrees and the upper arm should be supported by the bed. Hold a \_\_\_\_\_ pound weight in your hand.
2. Turn/rotate your arm up toward the ceiling while keeping the elbow bent.
3. Squeeze/“pinch” your shoulder blades together.
4. Hold this position for \_\_\_\_\_ seconds and then *slowly* return to the starting position.
5. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.
1. *If using rubber band/tubing*—Hold one end of the band/tubing in each hand. Your elbows should be bent 90 degrees and at shoulder height.
2. Squeeze/pinch your shoulder blades together.
3. Keeping your shoulder blades pinched together, turn your arms up as if someone had said “Stick ’em up!” Your hands should be in the position shown when you finish. *Do not bring your elbows or your hands past the middle of your body.*
4. Hold this position for \_\_\_\_\_ seconds and then *slowly* return to the starting position.
5. Repeat exercise \_\_\_\_\_ times, \_\_\_\_\_ times per day.

Notes:

(Up to 4400 characters only)

Notes and suggestions