# **Level 1 Shoulder Exercises**



EARLY ROM S P C KC





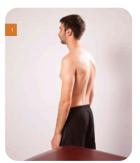
In standing place your hands on a table and put some weight equally through your hands. As you weight bear through your hands, open up across your chest. This will encourage a better scapula position.

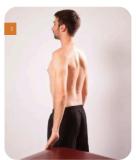


SHOULDER EXERCISES

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## **LOW ROW**





Stand upright with your arms by your side. Open up across your collar bones whilst pressing backwards with the hand of the affected side against a steady object such as a table. You should feel this working the muscles around the bottom of your shoulder blade.

Use a resistance band loop in both hands across your hips to perform this exercise bilaterally.

## SHOULDER DUMP





Standing with your opposite leg to the affected arm in front. Lunge forwards and rotate your body over your front leg, then transfer your weight onto your back leg whist standing up and rotating away with your upper body, and take your shoulder blade towards the opposite hip.

REPEAT (TIMES)

SHOULDER EXERCISES

EARLY ROM S P C KC

Progression: This can be performed without the sling







CLINICIAN NOTES:

Caution! This exercise should not be used in patients who have had a Subscapularis repair as activation levels of subscapularis exceed 40% MVC. It is however safe to use in other rotator cuff repairs (MVC infraspinatus and supraspinatus < 20%).

Refs: McMullen & Uhl 2000, Smith et al 2006, 2007







Lying on your back with your neck supported if needed. Hold the stick with both hands, shoulder width apart. Start with the stick resting on your hips. Lift the stick with straight arms. Return to start position. Do not force into a stretch.

SAFE ZONE	REPEAT (TIMES)

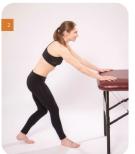
Adaptation - Easier:

Keep your elbows flexed throughout the movement.

## SHOULDER EXERCISES

## STEP BACK FLEXION IN STANDING





Stand with good posture in front of a high table. Place your hands on the table and step one foot backwards leaving the hands supported, allowing your shoulders to flex. Do not force into a stretch.



Easier: Place your forearms on a table, keeping your elbows bent and then step back.

## Adaptation:





## CLINICIAN NOTES:

In patients who have longstanding pain and /or are reluctant to move the hand away from the body, exercises that dissociate the body away from the hand can help facilitate movement.

# SEATED TABLE EXTERNAL ROTATION WITH STICK





Sitting in a good posture with your elbow supported on a table, holding a stick. Use the unaffected hand to gently push the hand of the affected side. During the movement keep your elbows into your side. Do not force into a stretch.

SAFE ZONE	REPEAT (TIMES)





## SEATED TABLE SLIDE INTO ABDUCTION



Sitting next to a table. Rest your forearm on the table top and slide your arm away from your body as far as comfortable whilst maintaining contact with the table throughout the movement. Do not force into a

SAFE ZONE	REPEAT (TIMES)

## TABLE SWISS BALL ABDUCTION





Stand next to the ball on the table top with the hand of your affected shoulder resting on the ball. Roll the ball out to the side transferring your weight towards the ball. Do not force into a stretch.

SAFE ZONE	REPEAT (TIMES)

SHOULDER EXERCISES

## SEATED BUTTERFLY CLOCK TABLE SLIDE





Sit in a good posture with both hands on a towel on a table. Cross thumbs affected side on top. Starting position is 12 o'clock. Slide towel away to 2 o'clock and back to start position, then slide towel away to 10 o'clock and back to start position. Do not force into a stretch.

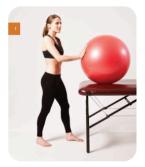
SAFE ZONE	REPEAT (TIMES)

SHOULDER EXERCISES



The table slide (as an early mobilization strategy) is a feature of studies reporting successful outcomes in rotator cuff repair.

### TABLE SWISS BALL FLEXION





Standing with one foot in front of the other, facing the table, place your hands or hand of the affected arm on the ball placed on the table. Keeping your arm/s on the ball, roll the ball away from you, transferring your weight from the back to the front leg. Do not force into a stretch.

SAFE ZONE	REPEAT (TIMES)

CLINICIAN NOTES: