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WEIGHTBEARING CO-CONTRACTION

EARLY



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.

LOW ROW

EARLY



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.

Tip:

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

SHOULDER DUMP

EARLY ROM



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 whilst standing up and rotating away with your upper body, and take your shoulder blade towards the opposite hip.

Progression: This can be performed without the sling



Adaptation:



CLINICIAN NOTES:

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

Increasing the lower quadrant emphasis e.g. making more dynamic, will increase scapular recruitment.

Ref: McKenzie R (1987) *Spinal and Cervical Pain*, 2007

FORWARD FLEXION IN LYING WITH STICK

EARLY



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.



Adaptation - Easier:

Keep your elbows flexed throughout the movement.

STEP BACK FLEXION IN STANDING

EARLY



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.

Adaptation:

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

Adaptation:

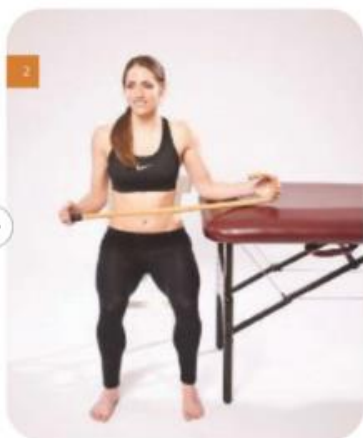


CLINICIAN NOTES:

In patients who have longstanding pain and /or are reluctant to move t

SEATED TABLE EXTERNAL ROTATION WITH STICK

EARLY



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.

SEATED TABLE SLIDE INTO ABDUCTION

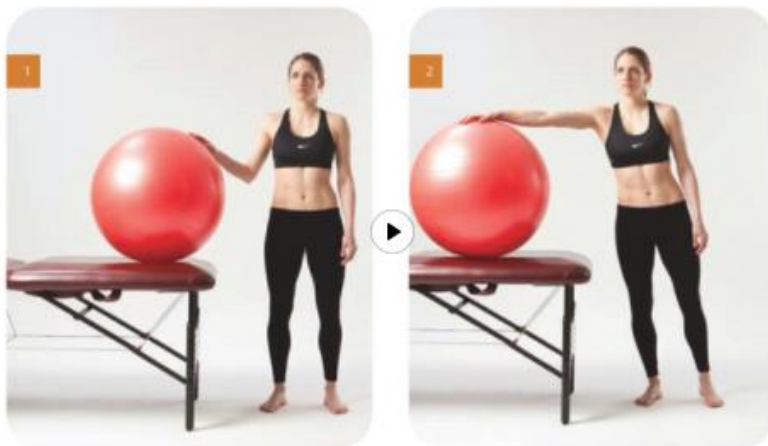
EARLY



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 stretch.

TABLE SWISS BALL ABDUCTION

EARLY



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.

SEATED BUTTERFLY CLOCK TABLE SLIDE

EARLY



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.

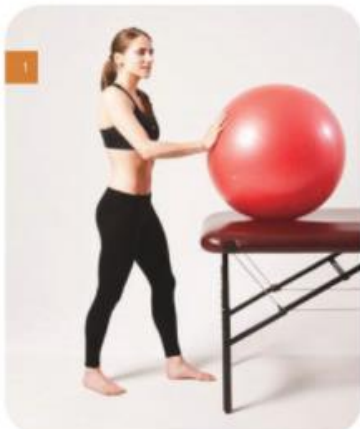
CLINICIAN NOTES:

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

Supported upper limb elevation is comparable to passive exercises in rotator cuff. Sitting is a more proprioceptive position than lying and it enhances function.

TABLE SWISS BALL FLEXION

EARLY



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.