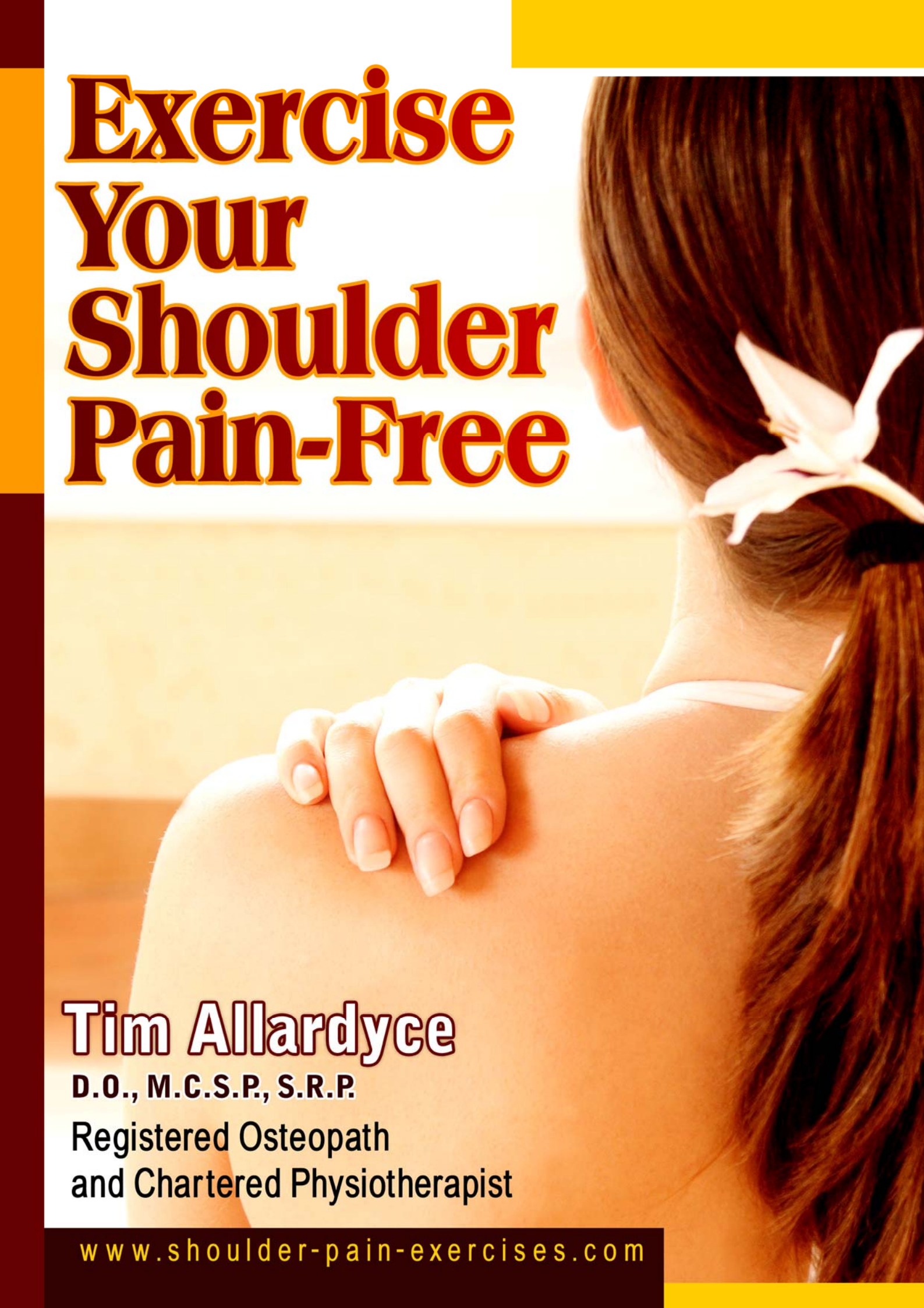


Exercise Your Shoulder Pain-Free



Tim Allardyce

D.O., M.C.S.P., S.R.P.

**Registered Osteopath
and Chartered Physiotherapist**

www.shoulder-pain-exercises.com

Exercise Your Shoulder Pain-Free

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About the Author:

Tim Allardyce is recognised and reputed by many to be one of the top shoulder rehabilitation specialists in the UK. As a respected osteopath and physiotherapist, he spent 7 years training in rehabilitation, conditioning, biomechanics and kinetics. He has not only worked with a number of top golfers, but has worked with sportspeople ranging from World Champion kayakers, to Britain's top female sprinters, to International footballers, to Olympic weight-lifters, to name just a few.

Tim runs The Sports Injury Clinic, a successful private practice in South London, and if he has time outside of the 60 hour weeks he works, his other passion is sailing.

Featured in magazines such as Men's Fitness, Health Plus, he is also a regular contributor to Golf Punk magazine and Cycling Weekly. Tim has already indirectly helped hundreds, if not thousands of people who have read his articles and tips.



Thanks to Jon Will,
European
Kick-boxing Champion
2006, and patient

Preface:

The aim of this ebook is to provide, the discerning public (that is you who have bought my book) with a straightforward yet effective approach to the treatment of shoulder pain. I've been researching shoulder rehabilitation techniques and approaches for several years, and been using them with my patients to bring to you the most effective exercises out there. I've done all the hard work so you don't have to.

Shoulder pain is an enormously misunderstood phenomenon, with sufferers' complaints commonly being misdiagnosed, and having them treated by practitioners with less than a true understanding of complex pathological processes.

With physicians, therapists and trainers commonly misinterpreting shoulder pain, who is there to turn to? Well that usually falls upon the hands of the shoulder surgeons. But don't let surgery be your last option (at least not yet), try my exercises first.

"Dear Tim, I just wanted to write to thank you for making an amazing difference to my shoulder pain and mobility. I can now use my arm! Thank you. You have saved me having surgery, and I now lead a completely normal life." Mrs B, London.

"Hi Tim, thank you for your correspondence and for writing such a brilliant book. I would never have believed doing the right exercises for shoulder impingement was so important. I have had no pain for over 6 weeks now. Thanks so much." John Reynolds, Pittsburgh.

"Tim I felt I had to email you to thank you for this book as I've followed your exercises and after 7 weeks my shoulder pain is 90% better". James Gillgrass, Manchester.

You have made a sound investment by buying my book, and choosing to rehabilitate your own shoulder!

Persevere, stay focused with the exercises, and good luck.



Tim Allardyce,
Osteopath and Physiotherapist



Chapter 1 – How will this Book Help Me?

I only need to ask you two questions:

- 1) do you have a stiff shoulder?
- 2) Do you have a painful shoulder?

If the answer to either of these questions is yes, then this book **will** help you.

This book is basically aimed at everybody with true shoulder pain!

Follow my advice and exercises, and you will reduce your pain and improve your mobility.

Can this book cure you? Well that depends on the level of shoulder pain and impingement that you have. If your shoulder is badly arthritic, no, this book will not cure you. But it will still help you to regain mobility and reduce pain.

If the arthritis in the shoulder is too advanced, and physiotherapy fails, and you follow all the advice in this book, and you don't end up completely pain-free, then you may end up needing to consider keyhole surgery. This book does not go into detail about shoulder surgery, if that is what you require then you should purchase my book: Exercise Your Shoulder After Surgery.

This book does not go into detail about neck pain, or pain in the webbing of the neck. If that is what you require, you should purchase my book: Exercise Your Neck Pain Free.

How to Use this Book:

There are a number of ways to use this book. The best advice I can give you is to read it from cover to cover, then turn to the exercise section and start at level 1. You should follow the periodisation programme in the appendix which will give you a rough idea as to how and when you should complete each stage of the exercise programme.

Only proceed to the next level when you feel satisfied that you have achieved the previous level.

You should follow closely the advice highlighted in chapter 5, as this will form an important part of your rehabilitation.

Red Flags

There are some “red flags” associated with shoulder pain which may indicate a warning sign of more serious pathology or disease. If you find that any of these red flags is true for you, check your shoulder pain with your doctor, physiotherapist or osteopath before commencing the exercise programme.

1. Shoulder and/or arm pain associated with breathlessness, chest pains or in persons with a history of cardiovascular disease.
2. Shoulder pain which shoots from the neck down into the arm, potentially indicating a nerve entrapment. May or may not have a loss of sensation in the arm/hand.
3. History of malignancy or symptoms/signs consistent with weight loss, deformity, mass or swelling (especially under the armpit or breast), or abdominal discomfort/swelling.
4. Shoulder pain associated with a prolonged fever, a feeling of lethargy, or accompanied with widespread joint and muscle aching.
5. A change in shoulder contour, especially after trauma, which may indicate a dislocation.
6. Shoulder pain directly related to eating food, or soon after eating food.

Chapter 2 – An Overview of Shoulder Anatomy

If you suffer from a shoulder injury, you should try to have at least a basic understanding of how the shoulder joint works to help you understand your condition. If you don't manage to grasp the information in this chapter, don't worry... I am so confident with my exercise programme, simply following it to the word and using my advice you will get a lot better.

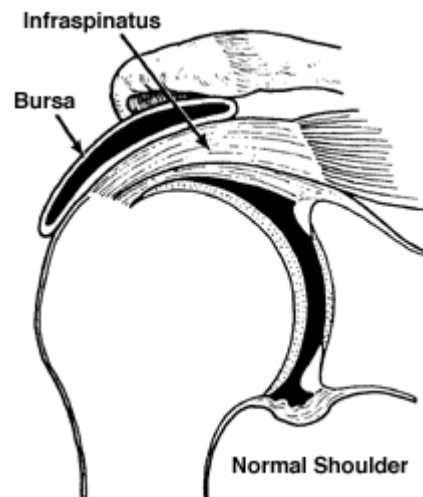
The shoulder joint is one of the most important and versatile joints of our body. It is capable of executing a wide range of movements that is simply not possible in other joints due to its unique anatomy. Surprisingly, with all its possible movements, it is also one of the most powerful joints of the body, aiding us in throwing, punching, and lifting weights, as well as in the nimble movements required in fine arts.

The joint itself includes the collarbone (clavicle), the shoulder blade (scapula), and the upper bone (humerus) of the arm. Two main joints make up the shoulder: one is the typical ball and socket known as the glenohumeral joint, and the other is where the collarbone meets the shoulder blade. There are also ligaments, which attach the bones to each other and the tendons which attach the muscles to the bones.

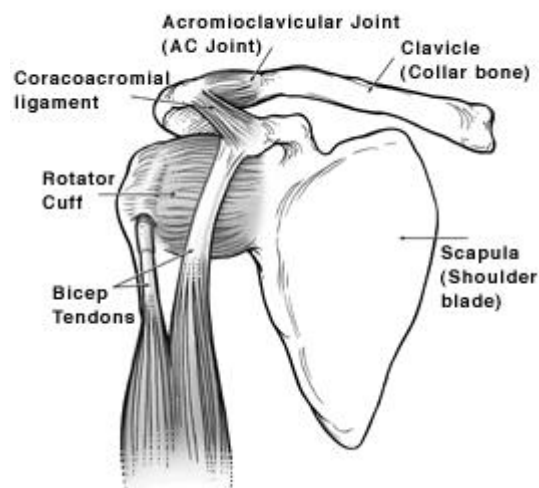


The glenoid cavity and the head of the humerus are covered by articular cartilage. While the cartilage of the humerus head is thick in the centre and thin at the periphery, the opposite exists in the glenoid cavity of the scapula, contributing to the dynamics of movement. A fibrous cartilaginous structure, called the labrum, covers the glenoid cavity at its periphery. The bones are held in position by the muscles and tendons surrounding them.

Fluid-filled sacs called bursae exist between the shoulder joint and the surrounding processes, notably the acromion. They serve to permit free movements as well as cushioning the tendons against the bones.



The shoulder joint is strengthened by a group of muscles collectively known as the rotator cuff. These four muscles attach around the shoulder joint and stabilise it. However, as you will learn in the next chapter, one or two of these muscles have tendons which attach to the shoulder, and often become problematic.



Chapter 3 - What Causes Shoulder Pain?

Many of us will experience shoulder pain at some point in our lives, and it is a very common problem. It is vital to accurately diagnose the pain so the shoulder can be rehabilitated and treated as soon as possible. Here are some of the more common causes of shoulder pain, with a brief explanation of each cause.

The following conditions are treatable using my book:

Shoulder impingement syndrome – this is where the supraspinatus tendon (one of the rotator cuff muscles) gets trapped underneath the acromioclavicular joint (ACJ). Other names for shoulder impingement syndrome are clinical impingement syndrome and painful arc syndrome.

Bursitis – inflammation of the bursa (fluid filled sac) that sits underneath one of the shoulder joints, known as the acromioclavicular joint.

Supraspinatus tendonitis – this is tendonitis of the supraspinatus muscle, one of the rotator cuff muscles. Most often caused by abrasion underneath the ACJ.

Rotator Cuff Tear – this is where one of the rotator cuff muscles tears. You may suffer a full thickness tear, or a partial thickness tear. The rotator cuff attach all around the shoulder and help to stabilise it.

Calcific tendonitis – this is where the rotator cuff tendon becomes calcified due to a prolonged period of abrasion.

Shoulder Arthritis (of the acromioclavicular joint) – wear and tear changes under the acromion of the shoulder leading to shoulder impingement syndrome. This includes bone spurs.

The following shoulder conditions are less common, and are not treated by my book.

Frozen shoulder – also known as adhesive capsulitis, this is where the shoulder joint capsule hardens usually in response to trauma or surgery. This results in a widespread stiffening of the shoulder. Commonly over-diagnosed.

Shoulder Dislocation – the arm bone (humerus) is forced out of the shoulder joint, usually by trauma.

Shoulder instability – a loose shoulder joint which usually results after dislocation.

Acromioclavicular (AC) Dislocation – the clavicle (collar bone) is forced out of joint. Usually results from a fall on an outstretched hand.

Labral tear – the rim of the shoulder joint is torn during trauma. Most common in contact sports such as rugby.

Shoulder Arthritis (of the glenohumeral joint) – degeneration of the head of the humerus.

Biceps Tendon rupture – the biceps (upper arm muscle with two heads) tendon pulls off the bone as a result of trauma.

Chapter 4 – Shoulder Impingement Syndrome

Latest research is showing us that shoulder impingement is by far the most common cause of shoulder pain.

“How does the shoulder become impinged?”

Basically, you have a tendon in the shoulder which is pinched by overlying bone. The tendon involved is called the supraspinatus tendon, which is one of four muscles known collectively as the rotator cuff. The bit of bone pinching the tendon is called the acromion which is a part of the shoulder blade.

By far the most common shoulder pain, it is commonly misdiagnosed as frozen shoulder. I see A LOT of these every week, sometimes as many as 5 every day. My book is best used to treat this condition, and sub-forms/variants of this condition.

How do I know if I have shoulder impingement?

- Do you have pain or restriction when you lift your arm to the side?
- Do you have trouble undoing your bra strap, or reaching to your lower back?

If you answered yes to either of these questions, you are likely to have shoulder impingement, or a condition related to impingement discussed below.

“Have you been told you have Frozen Shoulder?”

Can you place your hand on top of your head? Can you lift your arm in front of you and above horizontal? If you can, you do not have frozen shoulder!

There are different names for shoulder impingement syndrome, and there are variants of the same condition, such as:

Painful arc syndrome
 Subacromial impingement
 Clinical impingement syndrome
 Bursitis
 Rotator cuff tear
 Rotator Cuff Tendonitis
 Supraspinatus tendonitis
 Calcific tendonitis
 Posterior superior glenoid impingement

If you have been diagnosed with any of the above, congratulations! This is your opportunity to rid yourself of shoulder pain forever!

What causes impingement syndrome?

Sometimes the acromion has a small hook downwards, which may be genetic, or is a result of degenerative changes. This is known as a type II or type II hooked acromion, depending on the protrusion of the hook. You can imagine it is like a bone spur which has a tendency to press into the underlying tendon, hence impingement. Every time you lift your arm up to the side or you scratch your back, this hook presses into the supraspinatus tendon, and pinches causing pain. Ouch!!

This shoulder impingement may also be caused by some arthritis under the acromion, including small bony nodules called osteophytes. There may also be some arthritis under the acromioclavicular joint (ACJ). These rogue pieces of bone are often a little rough, and they scratch the underlying rotator cuff tendon and pinch it and inflame it causing pain.

If this carries on long enough, you may end up with a calcified tendon, whereby the body is trying to protect the tendon due to all the scratching, rubbing and subsequent inflammation. Sometimes impingement can occur due to an inflamed bursa, known as shoulder bursitis.

Impingement can be treated with advice, exercise and osteopathy or physiotherapy. However, if the arthritis in the shoulder is too advanced, then it reduces the chance of exercise/physical therapy being successful.

Chapter 5 - Advice for Shoulder Pain Sufferers

Every day in my clinic I deal with shoulder pain sufferers, and what I realise is that sometimes just good sound advice can make a massive difference. In my opinion, this chapter alone is worth the cost of this book.

Do you know how I know that? Because every day patients pay me three times the cost of this book to listen to the same advice that I am going to give you below.

Many patients tell me that their doctors do not have enough time to give them basic advice like how they should be using their shoulder, and what they should do to reduce the pain. So here is the advice from someone who treats shoulder pain every day of every week:

1) Use, Don't Abuse

Keep the shoulder as mobile as possible. Use the shoulder within its comfortable range to aid recovery. When you have a shoulder problem, if you rest completely, the shoulder can stiffen up significantly. Do not go outside of your comfort zone when using the arm. If you need to reach above your head, make sure you find a comfortable route to take the arm. Don't put the shoulder through the pain barrier. Avoid sudden movements to the shoulder which may give you that "catching" pain where the tendon rubs on the bone.

2) Ice

Application of ice works wonders for shoulder impingement syndrome and most other shoulder problems. This really can make a significant difference in your rehabilitation. It numbs the pain, reduces swelling and inflammation, and aids in the healing process. The application should be intermittent and not continuous. Ice should be applied immediately after any aggravating activities if you already have impingement. You can use a cold pack, ice bag or frozen peas wrapped in a towel. You should use the ice for 5 minutes at a time, five times per day. Position the ice bag over the shoulder as shown below.



3) Heat

Application of heat is also very useful. Heat improves the blood circulation, bringing fresh oxygen and nutrients to the affected area and removing toxins and waste products from the affected area. This action accelerates the healing process. Moreover, heat application makes the muscles more relaxed, increases the flexibility of the tendons and provides a soothing feeling, all of which decreases the pain and promotes faster healing. This makes it perfect for use before doing any of the exercises in this book. Use a hot water bottle with a cover or towel wrapped around it for 20 minutes, three times per day.

4) Anti-Inflammatories

I'm not one to generally recommend the use of anti-inflammatories (NSAIDs – non-steroidal anti-inflammatory drugs), but taking them in the first two weeks of suffering shoulder pain, and using them with a combination of the exercises may give an increased reduction of pain and improved range of mobility. Personally, I would recommend the use of ice/heat, but for those without any other health problems, and people who may be short of time, NSAIDs can be beneficial. Always check with your doctor or pharmacist before self-prescribing, and always take after eating a meal.

5) Posture

I cannot stress enough how important correct posture is for shoulder pain, but I will cover this in the next chapter.

6) Osteopathy / Physiotherapy

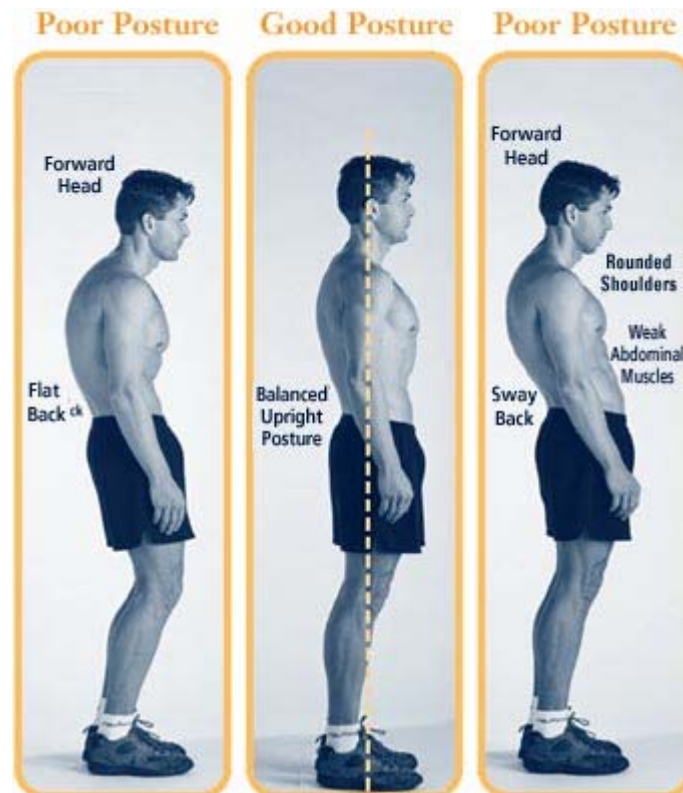
Go and see your local osteopath or physiotherapist, but don't expect to make a full recovery without the use of this book. I find that my patients who simply undergo treatment and do not follow my prescribed exercises do not recover from shoulder pain as quickly nor as fully as patients who DO follow my exercise programme. Using my exercise regime will also keep the osteopathy bills from mounting up. However, osteopathic and physiotherapy treatment can be very useful when complementing the exercises in this book.

7) Avoid Painful Activities

This is a useful tip for those keen golfers, weight lifters, tennis and badminton players. Whether you like it or not, the sports you have been playing have almost certainly contributed to your pain. You need to avoid them as much as possible until you get symptomatic relief from these exercises. It may sound obvious, but if it hurts when you move the arm, you need to avoid the painful movements. However, you should of course use the shoulder, so don't rest it completely. Just use the arm efficiently. When the condition is acute, avoid movements above the head, unless indicated in my exercise programme.

Chapter 6 - Posture

If you have shoulder pain (that is non-traumatic in origin), it is likely that poor posture has been a strong contributing factor to that pain.



The position of your head, neck and shoulders is important in minimizing the agony of shoulder impingement syndrome because these three joints generally act as a single unit when performing various movements. Sure enough, there are muscles in the back which get attached to all three to facilitate smooth co-ordination.

When sitting, the feet should be kept flat on the floor with the lower back supported. The shoulders should be kept relaxed and back, not rounded, and the head should be held over the shoulders. Never droop forward with rounded shoulders, crossed legs and inadequate back support when sitting.

When standing, the shoulders should be kept back and down, the head should not be held forwards of the shoulders, and the chin and eyes should be level.

If you let your shoulders drop forwards, you are significantly increasing the likelihood of shoulder impingement and pain. Make sure you keep the shoulders in a neutral position.

Sitting / Workstation ergonomics: *Important Information*

- Make sure the centre of the computer screen is at eye level.
- Ensure that your chair has an adjustable back rest.
- ...with good back/lumbar support.
- ...and one which is height adjustable.
- The table should be high enough so you can slide the thighs underneath and low enough so the arms can be positioned horizontally to the table.
- Use a foot rest if the feet are not flat on the floor.
- Keep the mouse and keyboard within easy reach. Do not outstretch your arms. Keep your arms at a right angle.
- Use minimum wrist movement, or use a wrist support for the mouse and keyboard.
- Avoid slouching forwards over your computer.

Chapter 7 – Exercises

I have categorised these exercises in levels 1 – 7. You should perform the levels in order, and only progress to the next level when you have achieved the previous level.

In the photographs, Jon has a painful RIGHT shoulder.

You may use the periodisation table in the appendix as a guide to likely time-frames of shoulder exercise progression, but don't be tempted to rush ahead. Go at your own pace, and perform the exercises gently and as described.

Level 1 Exercises – Passive Mobilisation:

Level 1 is designed to improve the range of mobility in your stiff shoulder. Perhaps you want to read that again! Yes, these exercises will finally allow you to move your arm in a comfortable range of mobility. Great for any stiff shoulder.

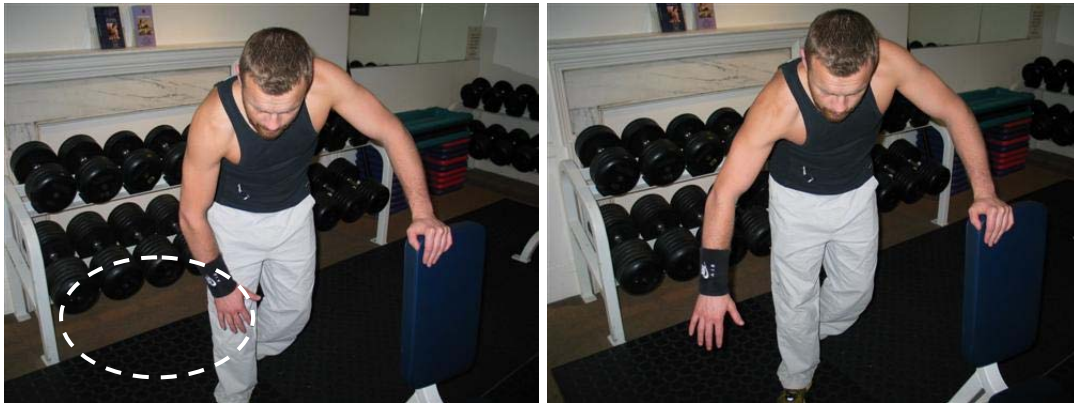
The exercises start assisted, so the muscles of the painful shoulder can remain relaxed while the shoulder is mobilised. We call these passive range of mobility exercises. Alternatively at this point, if you have a good osteopath or physiotherapist, they can assist by lifting your arm for you.

When you do these exercises, move the joint slowly, and gently. Avoid the ranges of movement that give you sharp pain, although feeling minor discomfort should be expected in certain ranges.

Take the shoulder to the point of mobility which feels comfortable, and then take it just a fraction further to increase the range of motion. At this point, return the arm to its resting position.

You will find that every couple of days you will notice some improvement in the range of mobility of that shoulder and arm. You can compare the movement to that of the good shoulder to give you an indication of how far you have to go with the mobility.

1. The Pendulum



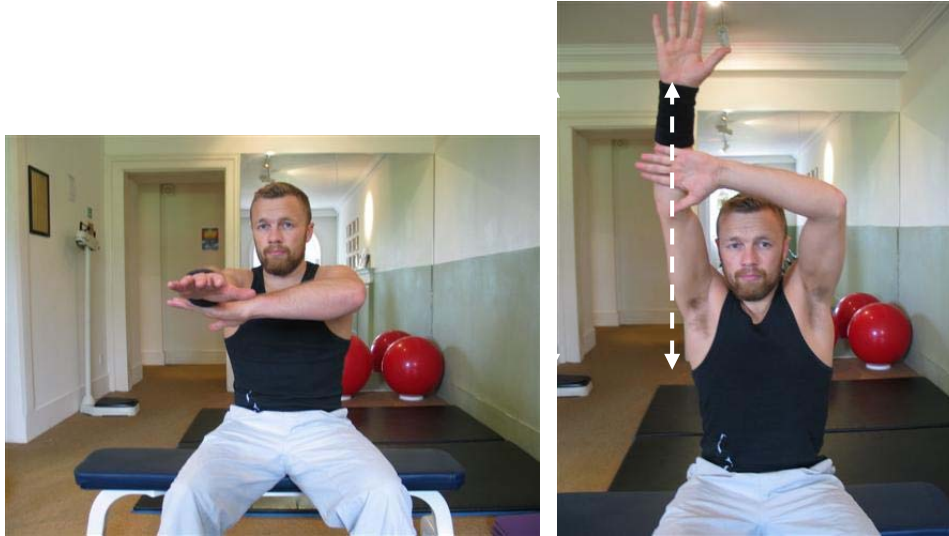
- Keep the shoulder completely relaxed
- Let momentum and gravity move it in circles
- Go anti-clockwise and clockwise
- Keep the circles within your comfort zone
- Perform for 2 minutes, 3x per day

2. Rock the baby



- Keep the bad arm relaxed...
- The good arm holds the bad arm
- Keep the movement within your comfort zone
- Rock 15x each side, 3x per day

3. Passive flexion



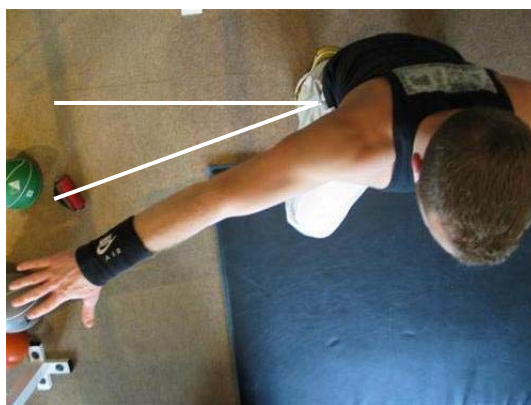
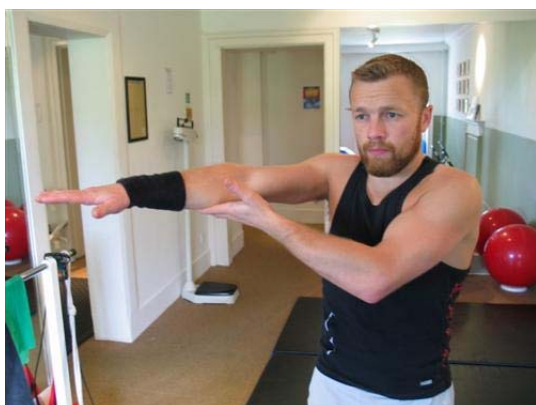
- The affected shoulder should be relaxed during the movement
- The left arm lifts the right arm
- Keep the movement within your comfort zone
- Perform 15 repetitions, 3x per day.

4. Passive extension



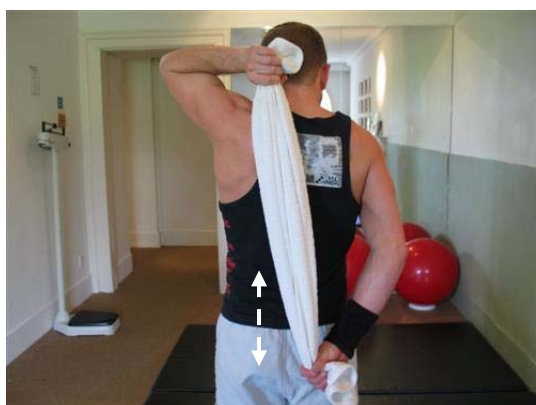
- The right arm stays relaxed during the movement
- The left arm pushes the right arm backwards
- Keep the movement within your comfort zone
- Perform 15 repetitions, 3x per day.

5. Passive abduction 30°



- The right arm stays relaxed during the movement
- The left arm lifts the right arm
- Make sure the arm is lifted at 30°
- Perform 15 repetitions, 3x per day

6. Towel exercise for internal rotation



- The active arm is the left arm, the right arm stays completely relaxed except to hold the towel
- Straighten the left arm, thus allowing the right arm to come up the back
- Move up and down within your comfort zone
- Perform 15 repetitions, 3x per day

Level 2 Exercises – Stabilisation:

1. Sitting stabilisation



- Sit on a bench or chair
- Rest your hands by your side
- Gently lean from one hand to the other hand, putting gentle but increasing weight through the shoulder
- Do not put all your weight through the right shoulder, just lean into it
- Rock 15x onto the right shoulder, 3x per day.

2. Standing stabilisation



- Start around 1½ feet from a wall
- Lean forwards onto the wall, resting the palms flat against the wall with the elbows bent (in a standing press-up position)
- Rock gently from side to side, applying pressure to one shoulder and then the other.
- You can make the exercise more challenging by moving the feet further away from the wall.
- Hold for 30 seconds, 3x per day

3. Stabilisation in 4 point kneeling



- Start in a 4 point kneeling position
- Rock gently from side to side, applying pressure to one shoulder and then the other.
- Hold for 30 seconds, 3x per day

Level 3 Exercises: Active Mobilisation:

Level 2 exercises are a natural progression from level 1, because they now rely on your shoulder muscles to move the joint.

Again, work within your comfort zone... don't push the shoulder through the pain barrier. Take it to its comfortable end of range, and then just a fraction further to get the required mobility.

1. Side-Arm pendulum



- Swing the arm in a pendulum as shown
- Go clockwise and counter-clockwise
- Perform for 30 seconds, 3x per day

2. Shoulder shrugs



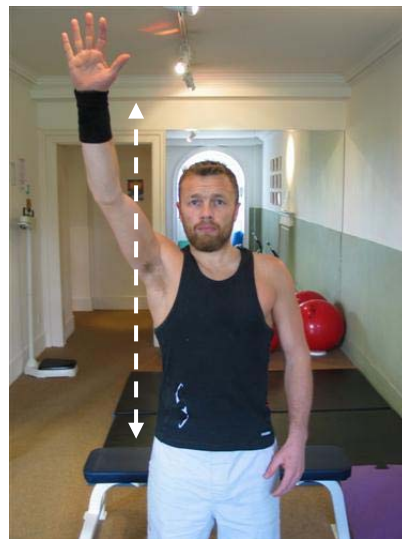
- Upwards: lift the shoulders towards the ceiling, and hold for a couple of seconds, before relaxing.
- Backwards: pull the shoulders backwards by squeezing the shoulder blades, and hold for a couple of seconds before relaxing.
- Perform 10 repetitions, 3x per day.

3. Chicken wings



- Resting the hands on the hips, pull the shoulders backwards and forwards
- Perform 10 repetitions, 3x per day

4. Flexion



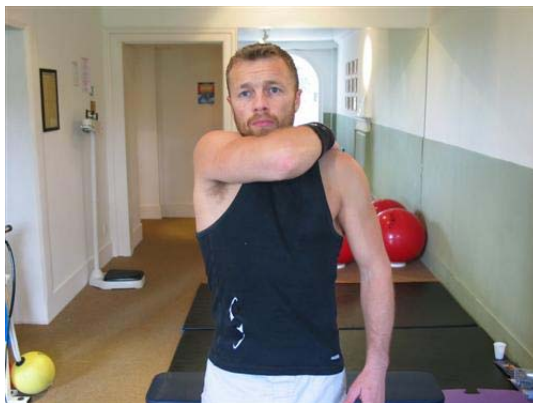
- Raise your bad arm as far as is comfortable, then try and take it just a fraction further
- Hold for a couple of seconds, then lower.
- Perform 10 repetitions, 3x per day

5. Internal rotation "The Brastrap Exercise"



- Reach behind your back, and take the hand as high up the back as comfortable, then just a fraction further.
- You should feel a gentle pulling feeling at the front of the shoulder. Hold this position for a couple of seconds
- At first you may find this exercise difficult and uncomfortable, but persevere, and over a few days you will achieve greater mobility
- Perform 10 repetitions, 3x per day

6. Stroke the shoulder blade



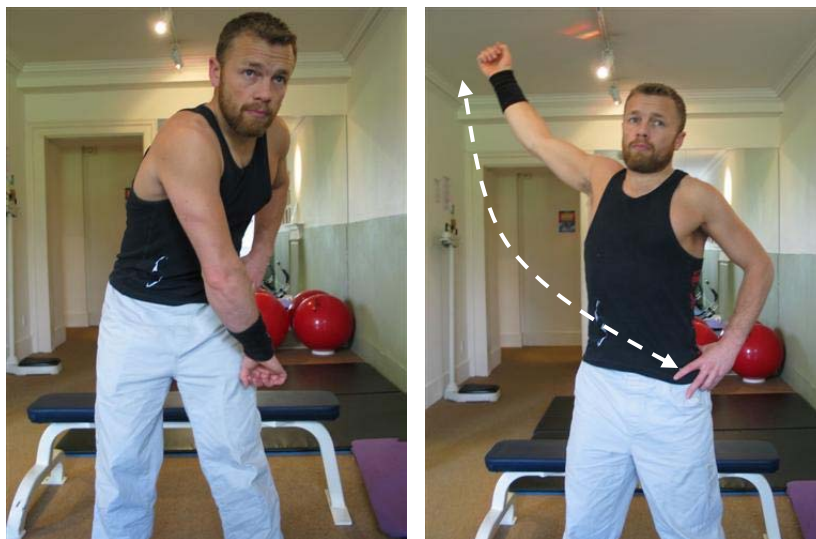
- Reach behind the opposite/good shoulder and try to stroke the shoulder blade.
- This is another movement that is likely to be quite painful, but again keep practising; go to your end of comfort zone, and just a fraction further.
- Perform 10 repetitions, 3x per day

7. 30° wall crawl



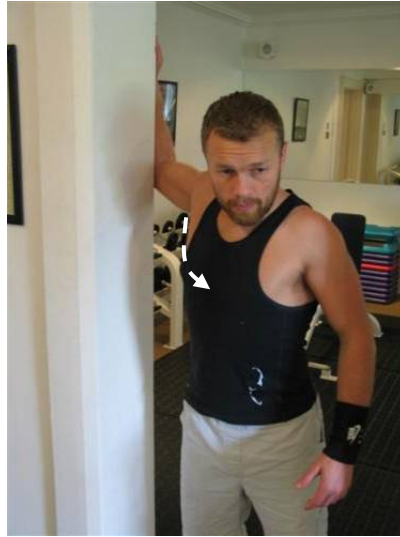
- Make sure the arm is not directly to your side
- Leave it at a 30° angle, as shown in the picture
- Crawl up the wall to your end of comfortable range, then just a fraction further, and back down the wall.
- Perform 10 repetitions, 3x per day

8. The Drawing of the Sword



- The thumb starts facing downwards, and at the end of the movement, faces upwards
- Imagine you are drawing a sword out of its sheath
- Perform 10 repetitions, 3x per day

9. Pec Stretch



- A lovely shoulder exercise, great for posture; it will improve mobility in the anterior capsule of the shoulder
- Rotate the torso, and lean forward, creating a stretch to the shoulder
- Perform 10 repetitions, 3x per day

10. The Football Supporter



- One of my favourites, but the hardest in this level, so don't do it unless you feel comfortable with it
- Holding a towel above your head (imagine it's a scarf of your favourite football team), gently move the arms from side to side
- Perform 10 repetitions, 3x per day

Level 4 Exercises: Advanced Stabilisation

1. Swiss Ball Stabilisation 2 hands



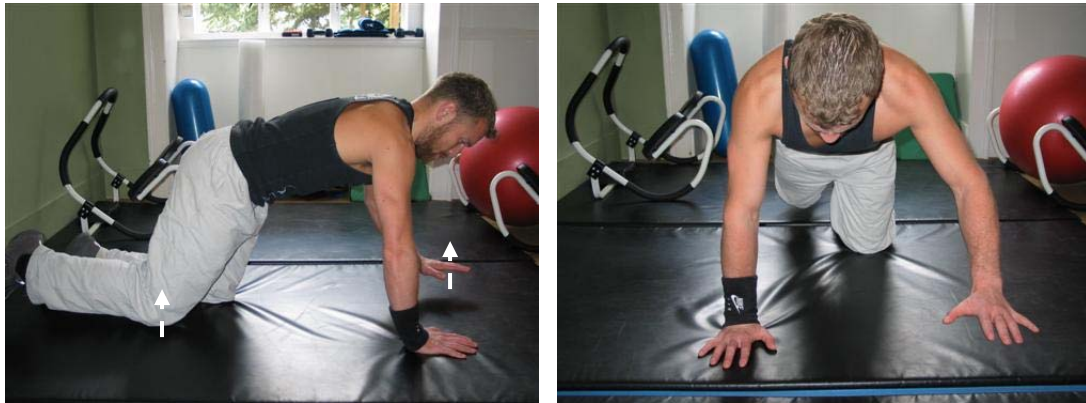
- Kneel down, place the hands on a Swiss ball
- The instability of the ball will help the small stabiliser muscles of the shoulder strengthen
- Progress the exercise by moving the knees further from the ball
- Hold for 30 seconds, 3x per day
- Increase the hold for up to 2 minutes as you get stronger

2. Swiss Ball Stabilisation 1 hand



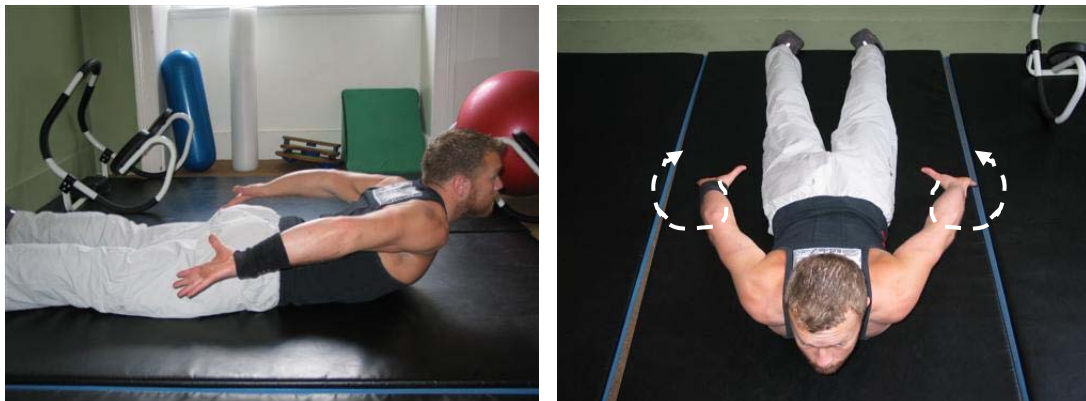
- The same exercise as the previous, but one handed
- Hold for 30 seconds, 3x per day
- Increase the hold for up to 2 minutes as you get stronger

3. 2-point Kneeling



- Adopt a 4-point kneeling position
- Lift opposite arm and leg 2 inches from the floor, so that your weight is put through the bad shoulder
- Hold for 30 seconds, 3x per day
- Increase the hold for up to 2 minutes as you get stronger

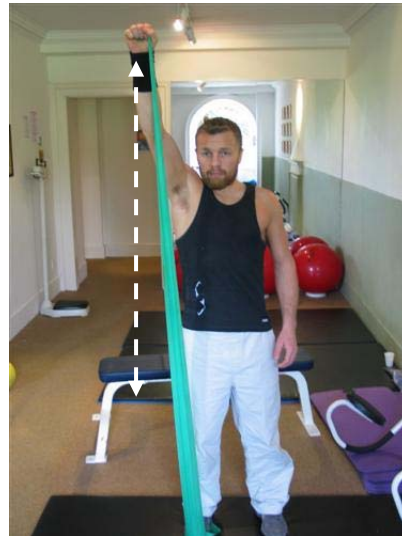
4. Prone Cobra



- This is a great exercise for scapular stability, and back extensor strength, helping to keep those shoulders back, thus helping to put the shoulder in a mechanically advantageous position
- Make sure the thumbs are facing upwards, with the arms turning outwards (n.b. not inwards). You will notice that turning the arms outwards opens the chest and shoulders (=good), inwards closes the chest and shoulders (=bad)
- Hold for 30 seconds, 3x per day
- Increase the hold for up to 2 minutes as you get stronger

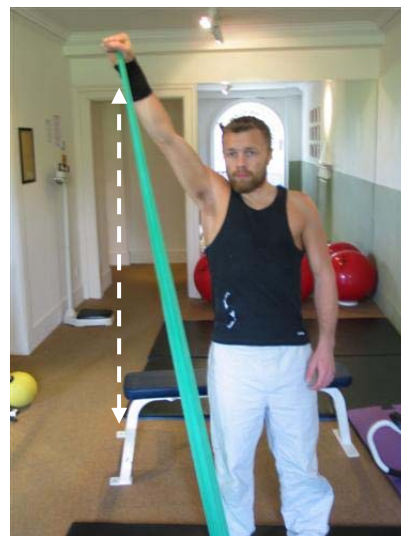
Level 5 Exercises: Strength and Advanced Mobility:

1. Flexion with band



- Place a theraband under the foot, and hold the other end. Lift your bad arm as far as is comfortable, then try to take it just a fraction further
- Hold for a couple of seconds, then lower.
- Perform 10 repetitions for 3 sets, 3x per day

2. Abduction at 30° with band



- Make sure the arm is not directly to your side
- Leave it at a 30° angle, as shown in the picture
- Lift your bad arm as far as is comfortable, then try to take it just a fraction further
- Hold for a couple of seconds, then lower.
- Perform 10 repetitions for 3 sets, 3x per day
- Progress this exercise by taking your arm out at 90° (i.e. directly to your side).

3. The Drawing of the Sword with band



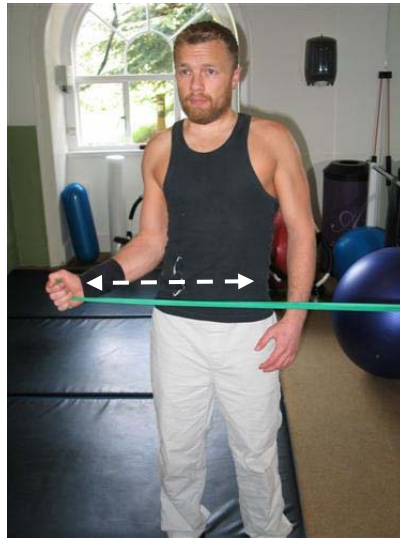
- The thumb starts facing downwards, and at the end of the movement, faces upwards
- Imagine you are drawing a sword out of its sheath
- Perform 10 repetitions for 3 sets, 3x per day

4. Internal rotation with band



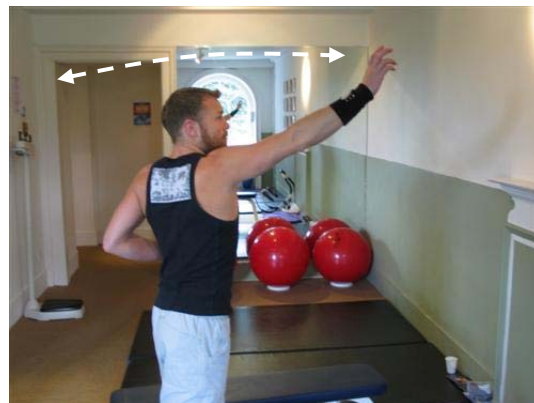
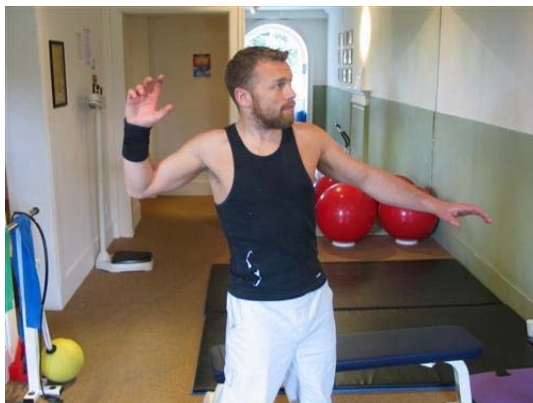
- Tuck the elbow in
- Hold the band, and rotate the arm inwards
- Perform 10 repetitions, for 3 sets, 3x per day

5. External rotation with band



- Tuck the elbow in
- Hold the band, and rotate the arm outwards
- Perform 10 repetitions, for 3 sets, 3x per day

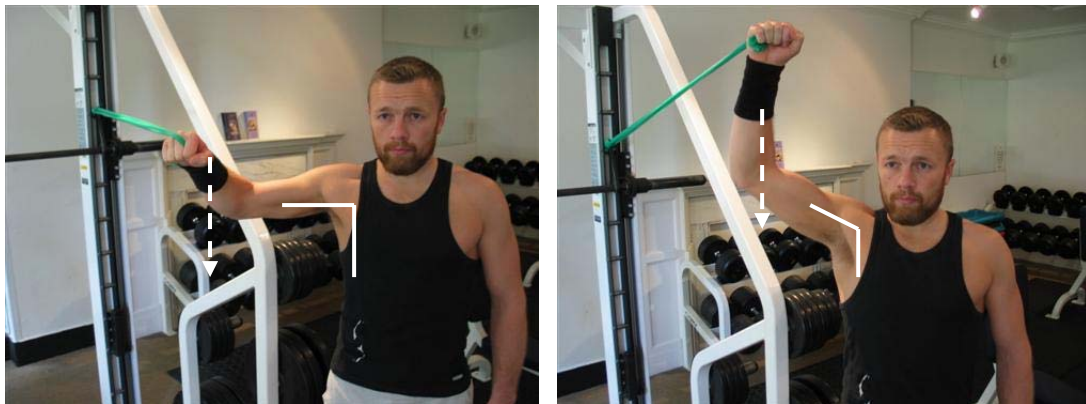
6. Throwing



- Imagine you are throwing a ball
- Start gently!
- Increase the range of movement of the arm and speed if you feel comfortable with the mobility
- Perform 10 repetitions, for 3 sets, 3x per day

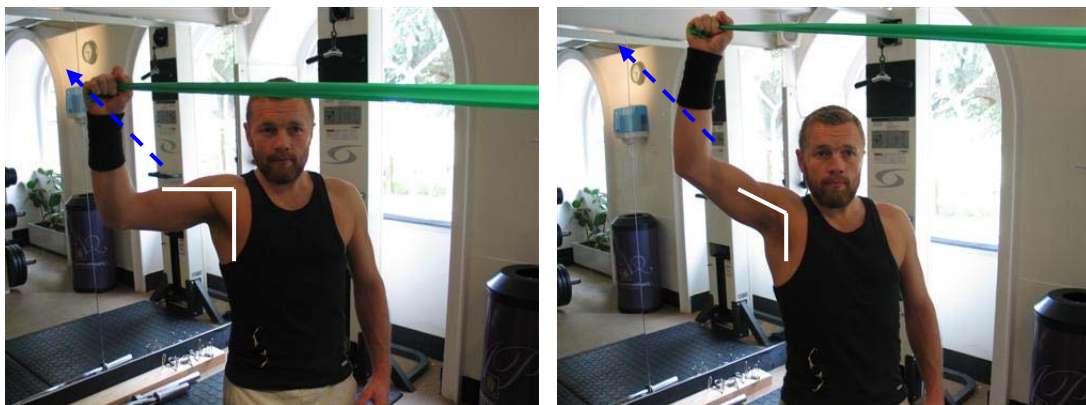
Level 6 Exercises: Functional Stability and Strength:

1. Ascended internal rotation



- Similar to the level 3 exercise but instead of tucking the elbow in, lift the elbow to 90° as shown in the photo on the left
- Hold the band, and rotate the arm inwards
- Perform 10 repetitions, for 3 sets, 3x per day
- Progress by lifting the arm above 90° as shown in the photo on the right, and repeat

2. Ascended external rotation



- Similar to the level 3 exercise but instead of tucking the elbow in, lift the elbow to 90° as shown in the photo on the left
- Hold the band, and rotate the arm inwards
- Perform 10 repetitions, for 3 sets, 3x per day
- Progress by lifting the arm above 90° as shown in the photo on the right, and repeat

3. Seated push-up



- Sit on a bench and lift the body just a couple of inches off the bench.
- Hold this position for 5 seconds, for 3 sets, 3x per day
- Progress by holding up to 20 seconds (advanced)

4. Single arm row



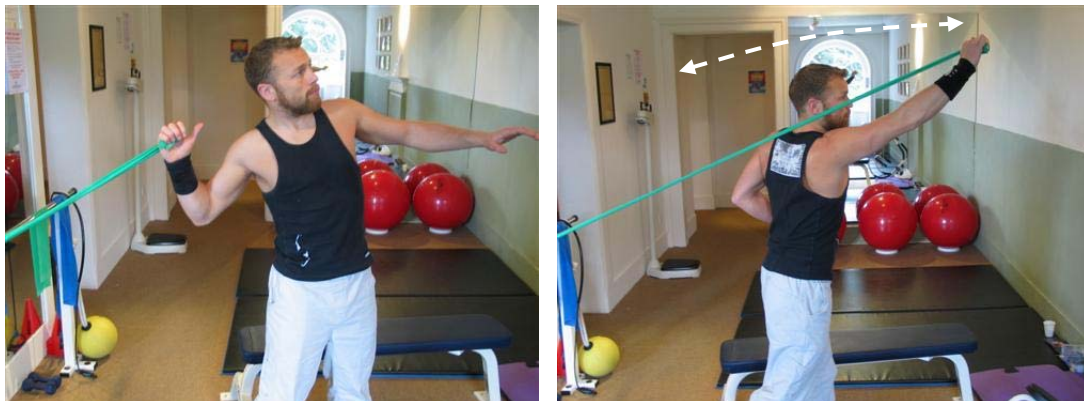
- Holding the theraband, and keeping the elbow close to the body, extend the arm backwards as shown above
- Perform 15 repetitions, for 3 sets, 3x per day

5. Single Arm Row (with external rotation)



- A similar technique to the previous exercise, but this time as you extend the shoulder, turn the palm outwards so that the palm faces forwards
- Perform 15 repetitions, for 3 sets, 3x per day

6. Throwing with band



- Imagine you are throwing a ball, but whilst holding a band
- Start gently!
- Increase the range of movement of the arm, and increase the speed if you feel comfortable with the mobility
- Perform 10 repetitions, for 3 sets, 3x per day

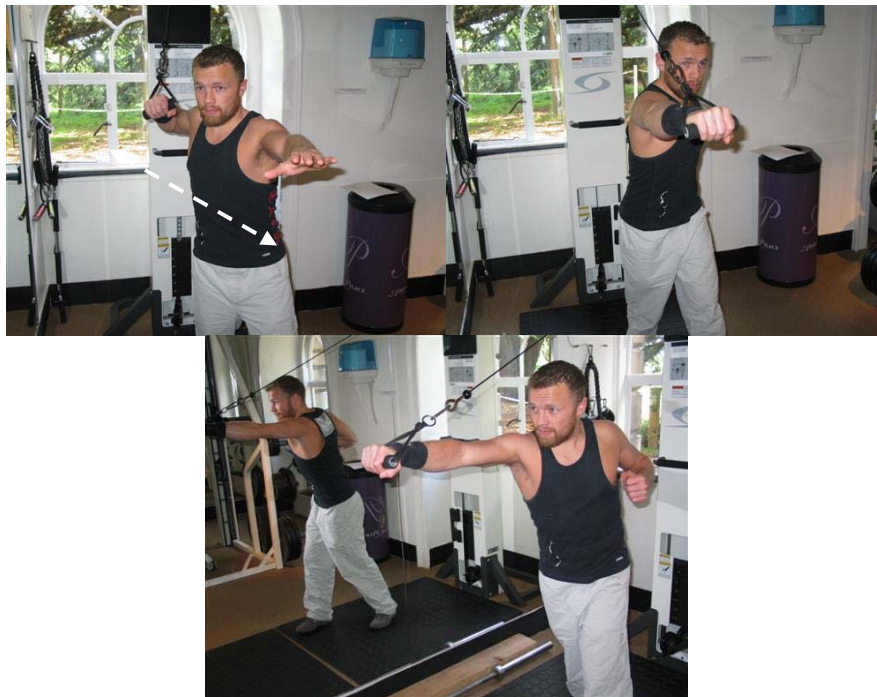
Level 7 Exercises: Sports Specific:

Level 7 is the most advanced exercise stage, but it is not always necessary to get as far as level 7 for a complete improvement in your symptoms. If you have made a full recovery, then you may skip level 7 (unless you feel the need for further sports specific strengthening).

In most circumstances, level 7 exercises can be varied with speed and direction. They can also be modified to suit your individual sport or hobby.

When exercising with weights, it is recommended to keep the weight under 3 kg. This obviously depends on your strength, but if the weight is too excessive, you will be strengthening the deltoid muscle to the detriment of the rotator cuff muscle group.

1. Isolated Cable Push



- Hold a cable (or band) with the bad arm
- The cable should be angled at horizontal or just above horizontal
- Straighten the arm, as if you were boxing
- Start the movement gently, but you can increase speed and power as you get stronger
- Keep the weight under 3kg
- Perform 10 repetitions, for 3 sets, 3x per day

2. Multi-Directional Cable Push



- A progression from the previous exercise, but this time the cable push is multi-directional
- Imagine you are punching a target, and that the target moves after each punch
- Keep the weight under 3kg
- Perform 10 repetitions, for 3 sets, 1-3x per day

3. Isolated Cable Pull



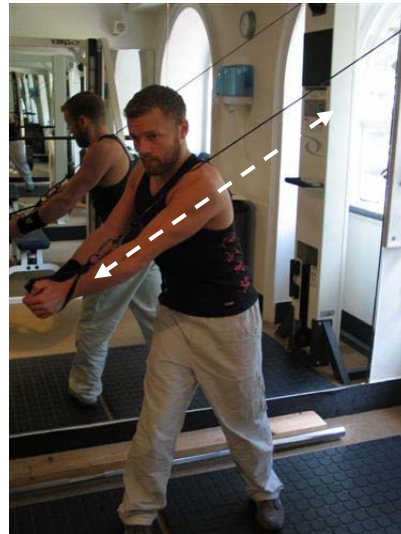
- Hold a cable (or band) with the bad arm
- Pull the cable towards you, as if you were boxing
- Start the movement gently, but you can increase speed and power as you get stronger
- Keep the weight under 3kg
- Perform 10 repetitions, for 3 sets, 1-3x per day

4. Swiss Ball Press-up hold



- Adopt the starting position of a press-up
- Instead of going into a full press-up, simply hold the start position
- Hold for up to 30 seconds, for 3 sets, 1-3x per day
- Progress by moving the arms closer to the centre of the ball about 3-4 inches

5. Isolated Wood chop



- Hold the cable handle with both hands
- Perform this exercise with the bad arm starting forwards
- Start high, and pull the cable to the opposite hip as shown above
- Keep the weight under 3kg
- Perform 10 repetitions, for 3 sets, 1-3x per day

6. Isolated Reverse Wood Chop



- Hold the cable handle with both hands
- Perform this exercise with the bad arm starting forwards
- Start low, and pull the cable to the opposite shoulder as shown above
- Keep the weight under 3kg
- Perform 10 repetitions, for 3 sets, 1-3x per day

7. Medicine Ball Underarm Toss



- Use a 2-3kg medicine ball; if you do not have a medicine ball you can use a football or basketball
- Throw the ball to a friend, and then catch the ball when it is thrown back returning to the start position
- If you don't have a friend, you can throw the ball against a wall, or into open space
- Perform 10 repetitions, for 3 sets, 1-3x per day

8. Medicine Ball Overhead Toss



- Use a 2-3kg medicine ball; if you do not have a medicine ball you can use a football or basketball
- Hold the ball overhead, and throw it in front of you
- If you have a hard ball, rebound it off a wall and catch it, again returning to the start position
- Perform 10 repetitions, for 3 sets, 1-3x per day

I hope you found this book to be useful in easing your shoulder pain, and I am sure you will agree the investment was worth it.

Should you need to contact me, you can at tim@thesportsinjuryclinic.com

I do perform consultations and treatments for shoulder pain, and my address is

The Sports Injury Clinic,
Addington Palace,
Gravel Hill,
Croydon,
CR0 5BB,
England.

Appendix

Periodisation / Time-Table

It is not imperative that you follow this time-table, but it is useful as a guide in the rehabilitation programme. Shoulder injuries do vary with some more severe than others. It may be that you need to spend more weeks on a certain level of exercises because you do not feel comfortable progressing to the next level.

Weeks	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1	L1 Ice	L1 Ice	L1 Ice	L1 Ice	L1 Ice	L1 Ice	Rest Ice
2	L1 Ice	L1 Ice	L1 Ice	L1 Ice	L1 Ice	L1 Ice	Rest Ice
3	L1 L2 Ice	L1 L2 Ice	L1 L2 Ice	L1 L2 Ice	L1 L2 Ice	L1 L2 Ice	Rest Ice
4	L2 L3 Ice Heat	L2 L3 Ice Heat	L2 L3 Ice Heat	L2 L3 Ice Heat	L2 L3 Ice Heat	L2 L3 Ice Heat	Rest Ice Heat
5	L3 L4 Ice Heat	L3 L4 Ice Heat	L3 L4 Ice Heat	L3 L4 Ice Heat	L3 L4 Ice Heat	L3 L4 Ice Heat	Rest Ice Heat
6	L4 L5 Heat	L4 L5 Heat	L4 L5 Heat	L4 L5 Heat	L4 L5 Heat	L4 L5 Heat	Rest Heat
7	L5 L6 Heat	L5 L6 Heat	L5 L6 Heat	L5 L6 Heat	L5 L6 Heat	L5 L6 Heat	Rest Heat
8	L4 L5 L6 Heat	L4 L5 L6 Heat	L4 L5 L6 Heat	L4 L5 L6 Heat	L4 L5 L6 Heat	L4 L5 L6 Heat	Rest Heat
9	L4 L5 L6	L4 L5 L6	L4 L5 L6	L4 L5 L6	L4 L5 L6	L4 L5 L6	Rest
10 +	L7	L7	L7	L7	L7	L7	Rest

L = Level

Other Products and Services:**X-Ray Interpretation:**

X-ray reports are not easy to understand, with complicated medical terminology. Email me over a copy of your X-ray report with a short paragraph telling me a little about your shoulder pain, and I'll tell you the relevance of the findings in the report.

Cost: \$25.00 USD

MRI Interpretation:

Magnetic Resonance Imaging scans are even more complicated, and are often more thorough in diagnosing a shoulder condition because the MRI will show the soft tissues around the shoulder. If you are having trouble understanding your MRI report, email it over to me (with a brief paragraph telling me about your shoulder pain), and I'll interpret it for you and explain the relevance of the findings.

Cost: \$35.00 USD

E-book: Exercise your Shoulder After Surgery

Follow a complete protocol to post-operative shoulder rehabilitation. It will also provide information and useful tips to speed up your recovery, as well as giving you key information about the surgical procedure. Key-hole shoulder surgery will fail in about 20% of cases due to poor rehab – don't let your shoulder be one of them.

Cost: \$39.99 USD