

SUBACROMIAL DECOMPRESSION (Progressive Transitioning from Active Assisted to Active to Loading) -Skip any unnecessary exercises (PART A)

PENDULUMS



Completely RELAX operated arm.

Bending forward allows relaxed arm to hang down towards the ground.

No need to do circles.

SHOULDER SHRUGS & SCAPULAR RETRACTION



Shrug shoulders up and down in a controlled way. Then pull shoulder blades together.

PASSIVE ELBOW FLEXION

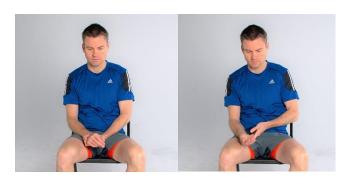


If you've had a Biceps Tenodesis

Move your elbow up and down with assistance from <u>NON</u>-operated arm.

Please don't start Part B until instructed.

PASSIVE SUPINATION (TURNING PALM TO CEILING)



If you've had a Biceps Tenodesis

Rotate your forearm with assistance from NON-operated arm.

Please don't start Part B until instructed.



ACTIVE ELBOW FLEXION (BICEP CURLS)



No Biceps Tenodesis

Actively bend your elbow moving your hand towards your face. Gradually add weight.

ACTIVE FOREARM SUPINATION (TURNING PALM TO CEILING)



No Biceps Tenodesis

Actively rotate forearm to point your palm to the ceiling, then back down again. Can use a hammer to add load.

ACTIVE ASSISTED FLEXION IN SUPINE &/OR



Lie on your back. Grasp your operated arm with your unaffected arm/hand.

Move your operated arm 'up and over' your head. Try not to tense your operated shoulder too much as this will lessen your range and make the movement more uncomfortable.

ACTIVE ASSISTED FLEXION SLIDING HAND ALONG TABLE



Slide your hand along a table, using NONoperated arm to guide it.

Can place hand on a cloth to make it slide easier.



ACTIVE ASSISTED ABDUCTION SLIDING HAND ALONG TABLE



Slide your hand along a table, using NON- operated arm to guide it. Can place hand on a cloth to make it slide easier.

CATERPILLARS UP WALL





The purpose of caterpillars up the wall is to allow the friction created by your hand on the wall to lessen the weight of your arm. This makes it easier for your shoulder muscles to lift the arm. Add to this, initially helping with your other arm, allows for a smooth transition towards normal lifting over this Phase 2 period. Try abduction caterpillars up wall too.

EXTERNAL ROTATION WITH ARMS BY SIDE



Rotate your arm(s) outward making sure you keep your elbows by your side.

HAND BEHIND BACK WITH OR WITHOUT ASSIST



Hold your operated arm with your NONoperated hand and move your hand up your back.



PART B (start any PART B exercises immediately if they are pain-free)

HAND BEHIND HEAD STRETCH



Hands resting on top of your head or behind. Have a pillow already in place for you to relax your arm on, as shown, like you're sunning yourself on a deckchair. Gradually, lessen the thickness of the pillow during Phase 2.

FLEXION & EXTENSION ACTIVE RANGE OF MOVEMENT (elbow bent or straight)



ABDUCTION ACTIVE RANGE OF MOVEMENT (elbow bent or straight)



HANDS BEHIND HEAD



HAND BEHIND BACK



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(This Post-op program is designed as a guide only and needs to be individually modified to suit the needs and goals of the client)



SUBSCAPULARIS LIFTOFF IN STANDING & LYING





Starting with your hand behind your back (standing easier), with your wrist at about belt height, lift the back of your hand **just** off your back. Make sure the elbow doesn't move

EXTERNAL ROTATION IN SUPPORTED SCAPTION & ABDUCTION (NO WEIGHT)





Rest your elbow on your knee as shown. Lift your hand towards the ceiling by rotating your shoulder. Vary your body position between sets.

MODIFIED SHRUG



With palms facing forwards, move your hands a short distance away from your body (you mustn't have shoulder pain to continue with this exercise). Shrug your shoulders up and down in a controlled way.

REACHING IN DIFFERENT DIRECTIONS



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PART C - LOADING (start any PART C exercise once previous exercises are pain-free)

ROTATION OUT WITH THERABAND







PUSHING MOTION WITH THERABAND

PULLING MOTION WITH THERABAND





OUT FROM SIDE WITH THERABAND

IN TO SIDE WITH THERABAND







<u>PART D – STRENGTH & CONDITIONING PHASE (start any PART D exercise</u> once previous exercises are pain free)

ROTATION OUT (EXTERNAL ROTATION) IN SIDELYING



Lie on your side with a light weight in your hand.
Rotate your arm outwards. Maintain control throughout the movement.

EXTERNAL ROTATION IN SUPPORTED ABDUCTION & SCAPTION





Rest your elbow on your knee as shown. Lift your hand towards the ceiling by rotating your shoulder. Start with a light weight. Vary your body position between sets.

LOWER TRAPEZIUS SEATED LIFT



Maintain straight elbows. Lift bum off seat by pulling shoulder blades down. Place hands or fists on handles, books or blocks.

SHOULDER PRESS





SHOULDER ABDUCTION WITH WEIGHT

SHOULDER FLEXION WITH WEIGHT





REVERSE PUNCH



Pull hand / weight to arm-pit. Kneel and lean on a stool or chair.

CLOSED CHAIN EXERCISES ON FLOOR (WEIGHT TRANSFERENCE, CRAWLING, BEAR CRAWLS ETC)



COMBINATION LOADING (easy band to start with) – variation is the key!



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PRONE SCAPULAR RETRACTION EXERCISES





PRONE 'Y' EXERCISE



Feel your shoulder blades pull in and down with these 3 different exercises done whilst lying on your stomach. Vary the times you hold your arms in the air.

COORDINATION / PROPRIOCEPTION DRILLS



Bounce, catch and throw a ball in different positions. Only do what you're comfortable doing. Please don't progress drills too quickly. Must remain pain-free.



PUSH-UP PLUS



Do a Push-up. Once your elbows are straight, continue to press your palms into the floor and drive the middle part of your spine towards the ceiling.

Repeat. Make it easier by doing it against the wall, against the kitchen bench or off your knees.

STATIC DOWNS (Time Under Tension)



Adopt the push-up position (off your feet or knees). Lower your body towards the ground until you find the spot in the middle of the movement where your arms start to shake ('the tremor of truth'). Hold this position for the prescribed amount of time.

DIVERS (HALF HINDUS)



Start in the 'A' Frame position as shown. Move your body down and forward like you're ducking through a gap under a fence. To make the exercise easier, don't duck as low. Finish with hips low and shoulders high.

MILESTONES

- Full active range of motion or range that is equivalent to the pre-op range by 6 weeks
- Expect 80% improvement by 3 months
- Full recovery can take 6-9 months

CAUTION

• If there is any significant increase in pain or decrease in range of motion, please arrange a clinic appointment with Dr East for a review