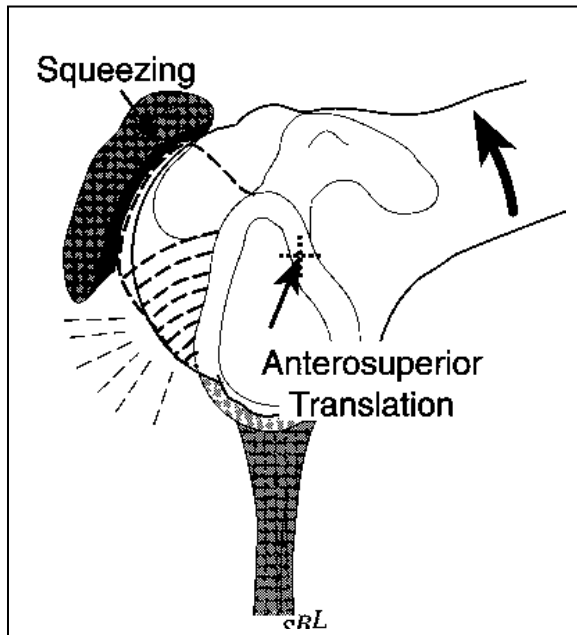




## POSTERIOR SHOULDER STRETCHING

Shoulder pain commonly is due to an unbalanced shoulder with tight tissues in the back of the shoulder.



Tight tissues in the back of your shoulder push your arm bone (humerus) up into the top of the shoulder creating a pinch and irritating rotator cuff tissues.

**Exercises:** We are giving you specific exercises for you and your therapist to work on to regain mobility and decrease your pain.

The program has 2 components

1. Home Stretching
2. Clinic Stretching

**Stretching exercises should be performed daily.**

**Do not use arm ergometer for warm up**

**Contact:** Dr. Carolyn Hettrich (617)525-3427 if have questions

**Modalities:** Thermal (Heat or Cold) and electrical modalities may be used to reduce inflammatory response in high and moderately irritated tissues.<sup>1</sup> Studies have demonstrated that ultrasound is no better than controls, and it should not be used.<sup>2</sup>

**Manual Therapy:** Joint and soft tissue mobilization techniques have been shown to augment the effect of the exercise program. Manual therapy techniques include joint mobilization, soft-tissue mobilization, and release techniques. Initially, supervised exercises with manual therapy is recommended. During that time patients should be instructed in a home program. Patients can move entirely to a home program when they no longer are in need of manual therapy.





**Initial: Goals**

- Restore passive mobility of shoulder to nearly normal range
- Pain free active motion without resistance
- Reduce inflammatory symptoms, primarily pain during daily activities

<p><b>Flexibility:</b> stretching should be performed daily and should include the following: Anterior shoulder stretching, performed by the patient in a corner or door jamb. Posterior shoulder stretching using the crossed body adduction technique. Incorporating scapula stabilized stretching within pain tolerances is encouraged. Each stretch should be held for 20-30 seconds, and repeated five times with 5-10 seconds rest between each stretch. (<b>No Pain during Stretching</b>)</p>	
Home Stretching	Clinic Stretching
<p><b>Posterior Shoulder Stretch:</b> Bring involved arm across in front of body as shown. Hold elbow with other arm. Gently flex the bent elbow to further pull the arm across chest until stretch is felt in the back of the shoulder.</p>	<p><b>Internal Rotation Shoulder Stretch:</b> Place patient arm at approximately 90 with elbow bent. Passively internally rotate arm while stabilizing the scapular. Hold for 5 seconds and repeat 10 times in a row. Adjust position and force to prevent pain.</p>
<p><b>Sleeper Stretch:</b> Lie on your side with a pillow supporting your head. Bring your elbow up to a comfortable position but not above your shoulder. Gently push your hand toward the surface until you feel a stretch in your shoulder without pain.</p>	<p><b>Cross body stretch with Scapula Stabilized:</b> Lie on your back with arm on table. Partner or Clinician stabilizes lateral border of the scapula while the patient gently pulls the arm across the body until a stretch is felt in the shoulder without pain. Hold for 5 seconds</p>



 	<p>and repeat 10 times in a row.</p> 
<p><b>Shoulder Flexion: (Latissimus Dorsi)</b> Stretch arm out overhead with palms up. Hold stretch up to 30 seconds repeat 3 times 2 x day. May be performed in any comfortable position</p>	<p><b>Blocked Shoulder Flexion</b> Lie on back support injured arm with other arm or cane. Partner stabilizes lateral border of the scapula while the patient gently pushes arm overhead until a stretch is felt without pain. Hold for 5 seconds and repeat 10 times in a row.</p>

References

1. McClure PW, Michener LA. Staged Approach for Rehabilitation Classification: Shoulder Disorders (STAR-Shoulder). *Phys Ther.* 2015;95(5):791-800.
2. Kuhn JE. Exercise in the treatment of rotator cuff impingement: a systematic review and a synthesized evidence-based rehabilitation protocol. *Journal Of Shoulder And Elbow Surgery / American Shoulder And Elbow Surgeons [Et Al]*. 2009;18(1):138-160.