Sheffield Teaching Hospitals NHS
NHS Foundation Trust

General shoulder exercises

Assisted and active exercises for orthopaedic and soft tissue conditions

Information for patients
MSK Therapy Services Inpatients

- The following exercises are designed to help improve range of movement in your shoulder. You have been given these following your injury or surgery to allow you to start your rehabilitation.

- It is also important that you maintain the range of movement in your elbow, wrist and hand of your affected limb

- Your physiotherapist will be able to advise you on which exercises are appropriate for you and how to progress these exercises.

- It is important following any injury or surgery that you are following advice from your doctor and/or physiotherapist regarding your rehabilitation.

- If you feel unwell or the exercises cause significant pain, please stop and rest.

- Any pain should settle to normal levels after 15 minutes

- If this continues discuss it with your physiotherapist or health professional.

- Exercise 3-4 times a day increasing the repetitions gradually as you feel able.

1) Neck exercises – to prevent stiffness and improve posture

These can be performed in a standing or sitting position.

1. Turn your head to the one side and repeat five times.

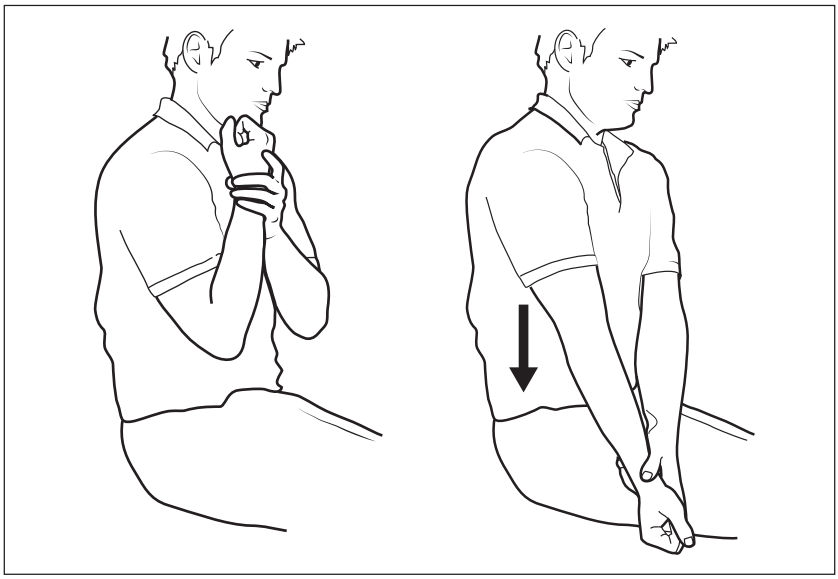
2. Turn your head to the other side and repeat five times.

3. Tilt your head to the right, right ear to right shoulder, repeat five times.

4. Tilt your head to the left, left ear to left shoulder, repeat five times.

2) Elbow exercises – to prevent stiffness in non-affected joints

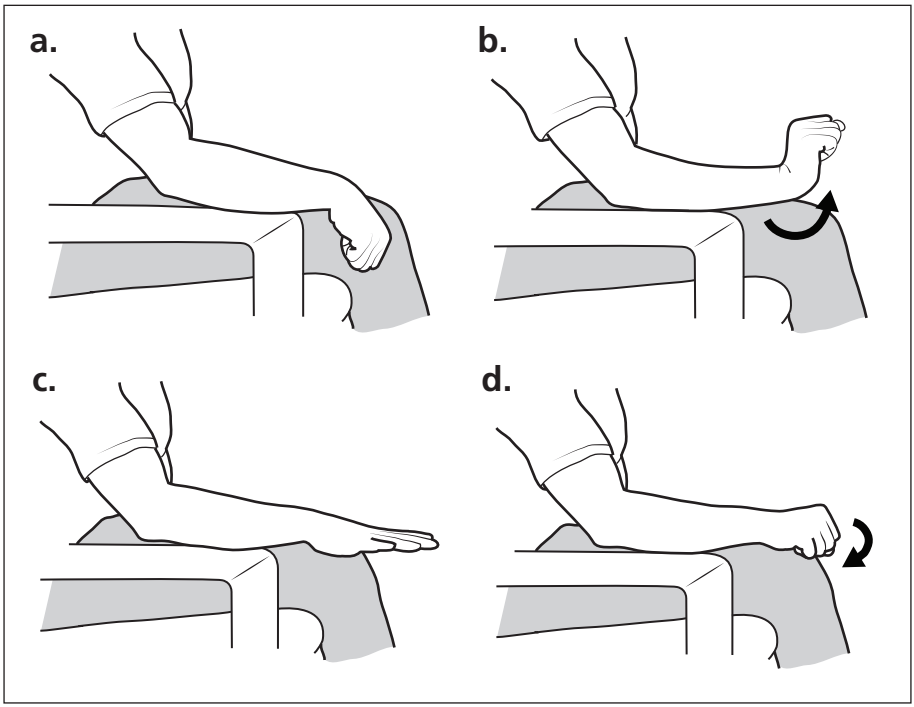
These can be performed in a standing or lying position.



1. Straighten (extend) and then bend (flex) your elbow.
   Repeat 10 times.
   You can use your other arm to help initially if this is difficult

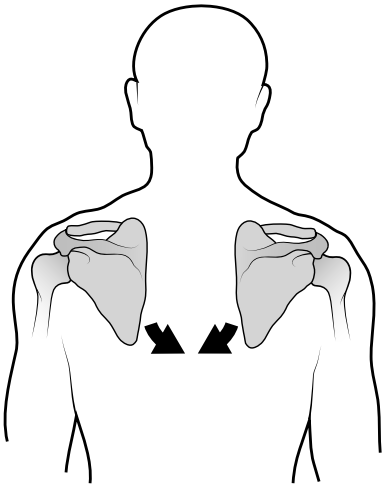
2. Try to work towards achieving full flexion and extension of your elbow joint.

3) Wrist, hand and fingers exercises to prevent stiffness in non-affected joints



1. Bend and straighten your wrist repeat 10 times
2. Circle your wrist repeat 10 times each way
3. With your elbow bent and tucked into your side with your palm turned downwards turn to upwards position as far as possible, repeat 10 times
4. Make a fist and then spread your fingers and thumb as wide as possible. Repeat 10 times.
5. Stretch your thumb to each finger, repeat 10 times.

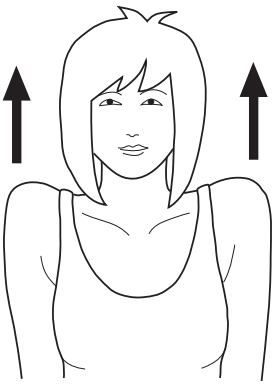
4) Scapular setting exercises - shoulder blade

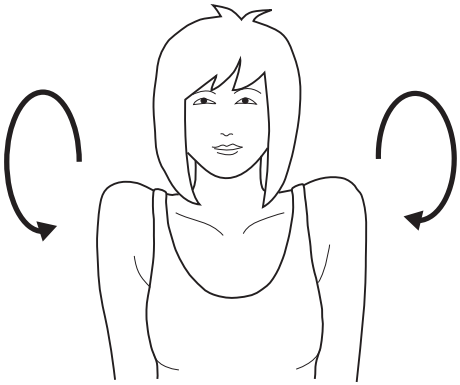


1. Gently flatten your shoulder blade on your rib cage as if moving your shoulder blades together.
2. Maintain a neutral spinal posture.
3. Avoid slumping. Repeat 5 times.

5) Shoulder Shrugs

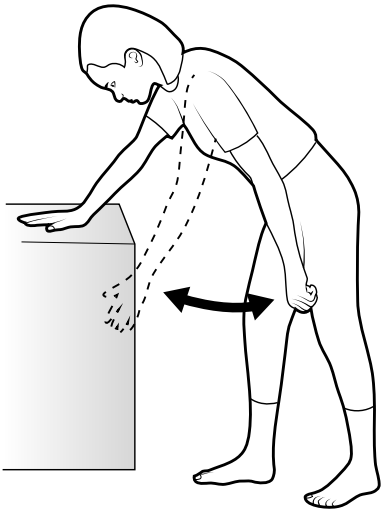
1. Sit or stand
2. Shrug your shoulders up and down. Repeat 10 times.
3. Roll your shoulders forwards 5 times and then backwards 5 times.





6) Pendular exercises

A



1. In standing leaning on a solid surface with your non-affected hand
2. Let your affected arm hang relaxed straight down.
3. Allow your arm to swing forwards and backwards.
4. Repeat 10 times.

B

1. In standing leaning on table with you non-affected hand.
2. Let your affected arm hang relaxed straight down.
3. Allow your arm to swing left and to your right
4. Repeat 10 times.

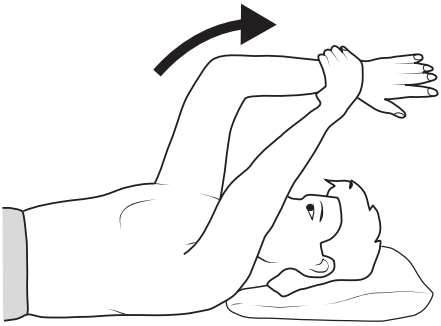
Assisted shoulder exercises

Initially, you may be advised to carry out these exercises as assisted exercises, this means that an outside force assists the movement of the affected arm, these means the muscles are not over working in the affected arm. This is a decision that the consultant will make depending on the surgery/injury. This may be due to the muscles being weak or the doctor not wanting too pressure being put on the muscle initially.

For these exercises, the outside force could be your other arm, a stick, pulleys or another person. The difference with passive exercises is that your muscles in your affected arm will be doing some of the work alongside the external force.

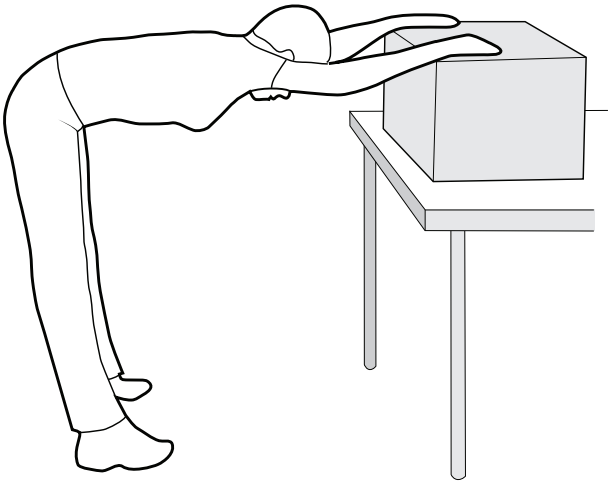
7) Shoulder elevation-flexion

1. Lie on your back with your elbow bent
2. Hold the wrist or forearm on your affected arm with your other hand
3. Use your unaffected arm to support the movement upwards of the affected arm – ***if there is a restriction in this movement documented by the doctor you will be advised by the physiotherapist***
4. Repeat 10 times



8) Standing arm stretch

1. In standing holding out a solid surface
2. Stand with your legs hip width apart and lean your upper trunk forward.
3. Grip edge of a table with your hands.
4. Gently let the upper trunk drop down until you can feel stretching in your sides and chest muscles.
5. Keep arms straight and stretch for approx. 20 seconds.

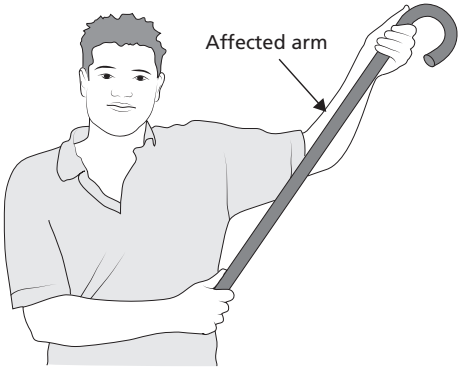


Alternatively

1. Hold onto a solid surface
2. Walk back until you feel a gentle stretch in the shoulder, hold for 10 seconds.
3. Repeat 5 times.

9) Shoulder abduction – taking the arm away from the body

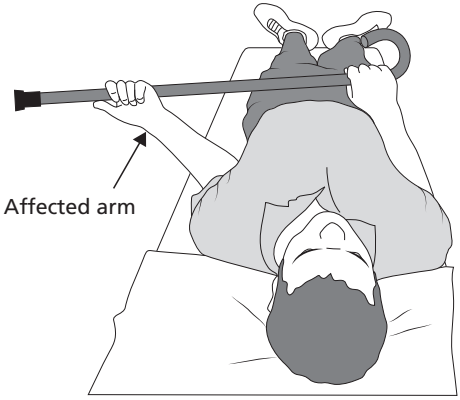
1. In sitting.
2. With your arm bent and supported around the elbow/forearm.
3. Lift your affected arm using the other arm out to the side



4. You can use a walking stick, with the stick in the palm of the affected arm and guide out into abduction using your non affected arm
5. Repeat 10 times.

10) Shoulder external rotation

1. In lying, sitting or standing.
2. With your elbow bent and elbow tucked into your side.
3. If comfortable you can relax you arm on a surface at waist height.



4. Using your other hand or a stick take your hand away from the body.

5. DO NOT take your arm further that 20 degrees (visual hands of clock at 2 o'clock) unless advised otherwise.

6. Repeat 10 times.

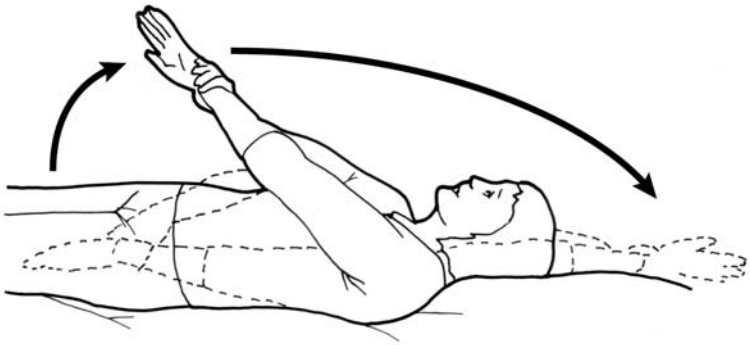
Active exercises

Active exercises require that all the force and effort come from the person, in this instance the muscles of the affected limb with no outside forces or assistance.

The progression onto this stage will be advised by your physiotherapist when it is appropriate.

11) Shoulder Flexion/extension

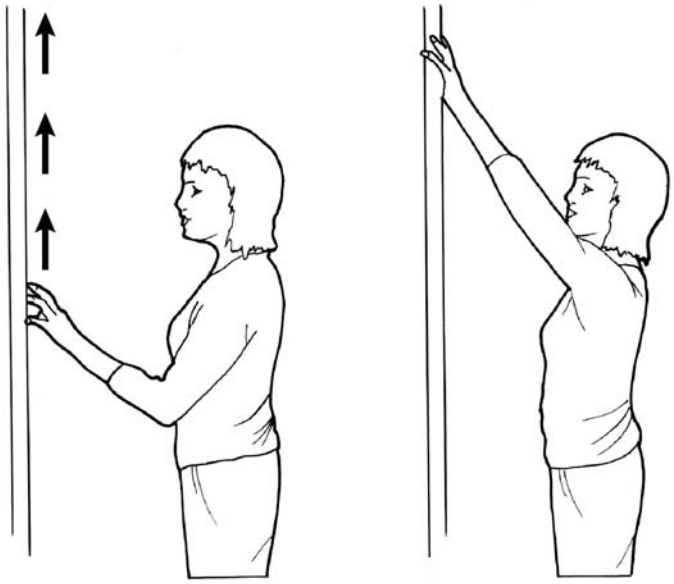
1. This exercise can be carried out in sitting or standing or lying flat on your back
2. Lift your affected arm upwards, aiming to take it as far as able.
3. Repeat 10 times.



12) Shoulder elevation/flexion using wall

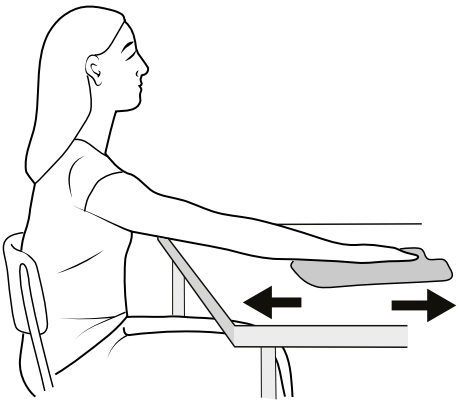
Stand facing a wall put your hand on the wall at shoulder height. Gradually try to slide/walk your hand up the wall following directions on the wall:

1. Upwards / Downwards (Can hold the position to allow a stretch before taking it back to the starting position)
2. Diagonally Left and Right (Can hold the position to allow a stretch before taking it back to the starting position)
3. Repeat each movement 10 times



13) Table Slides Shoulder Flexion (Forwards) with towel on table

1. Sitting upright in a good posture with your hand resting on a towel on a table with your thumb pointing upwards.
2. Slowly slide your hand forwards out in a forwards as far as comfortable.(as if you are polishing the table)
3. Slowly and with control return back to the starting position.
4. Repeat 20 times.

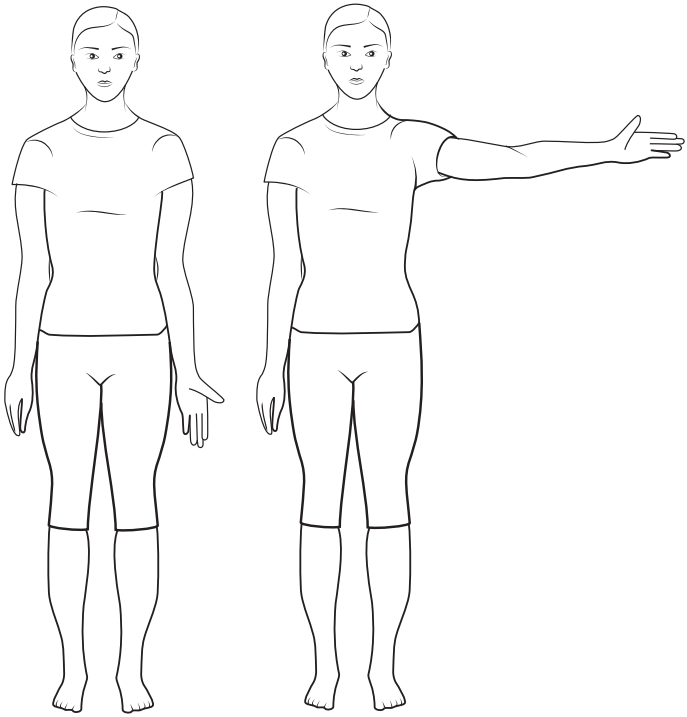


14) Table Slides Shoulder abduction (sideways) with towel on table

1. This exercise starts in the same position as the previous exercise but your arm goes out to the side instead of forwards
2. Sitting upright in a good posture with your hand resting on a towel on a table with your thumb pointing upwards.
3. Slowly slide your hand out in a sideways motion as far as comfortable.
4. Slowly and with control return back to the starting position.
5. Repeat 20 times.

15) Shoulder abduction – taking the arm away from the body

1. In sitting or standing
2. Lift your affected arm out to the side
3. As you get to shoulder height you will need to turn your thumb up towards the sky
4. Repeat 10 times.



After you leave hospital

It is important to remain as active and mobile as you can after discharge from hospital, this helps to maintain good circulation and joint and muscle health. After any period of immobility due to injury, illness or an operation your exercise will lower and you will be more at risk of circulatory problems.

Ensure you split your exercises up throughout the day to avoid completing them all in one session.

Do not wait until you see the physiotherapist in outpatient physiotherapy (if you are being referred) to begin your exercises. After you have been given the exercises by the therapist on the ward it is important to that you continue your exercises independently as advised. You are in control of the best outcome of your surgery/injury.

Useful telephone numbers:

NGH Physiotherapy Department: 0114 271 5799

RHH Physiotherapy Department: 0114 271 3090

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