

Mobility

Strengthening



Stand and bend at the waist holding a table with the unaffected arm leaving the affected arm hanging. Slowly rotate arm in a circular motion progressively getting bigger. Repeat in other direction.

Lie on your back with knees bent and hold the stick firmly with both hands. Keep your shoulder blades together while you slowly bring the stick over the head as far as possible helping yourself with the good arm.



Stand and hold a stick with both of your hands keeping your arms at your sides. Pull the tip of your shoulders backwards and raise your arm to the side by using the unaffected arm to swing the stick upwards

Stand with affected arm behind back and each hand grabbing either end of the towel. Pull the tip of your shoulder backwards and lift your arm behind your back as high as you can by pulling the towel upwards with unaffected arm.



Lying prone, arms by your side, squeeze the scapulae back and down towards your opposite back pocket. Keep your upper back relaxed and your arms on the ground.

Stand and tie elastic on the side of the injured arm at elbow level. Hold the end of the elastic and bend your elbow to 90°. Tuck your chin-in and pull the tip of your shoulder backwards while you pull the elastic towards your belly. Keep your chin-in and your elbow bent and against your body at all times.



Stand with elastic tied on un-injured side. Hold the end of elastic and bend your elbow to 90°. Tuck your chin-in and pull the tip of your shoulder backwards while you pull the elastic out to the side by rotating your forearm out. Keep your elbow against your body and your chin tucked-in at all times.



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The Shoulder

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The shoulder is a truly marvellous joint. It has massive flexibility, allowing the precise placement of the hand in almost any position that our trunk does not get in the way of, and yet is also incredibly strong, allowing the whole body weight to be either hung from or supported by the hands. We expect and receive an awful lot from the shoulder and consequently sometimes things go wrong!

All exercises are a guide only and it is recommended you see a physiotherapist before starting an exercise programme.

Rotator Cuff

This is the name of the 4 main muscles around the shoulder that control the movement of the humeral head in the glenoid (the ball in the socket). They are supraspinatus, subscapularis, teres minor and infraspinatus.

They can be simply strained, over-used or sometimes completely torn, resulting in a loss of function of certain directions of movement of the shoulder. Tendinopathy is a repetitive strain type injury, often associated with poor posture, coupled with a repeated overhead action. Examples of activities include swimming and tennis serving, or for the lesser sport enthusiast, hedge cutting and gardening.

An acute rotator cuff strain responds well to ice, anti-inflammatories and gentle physiotherapy. This may include taping, tendon massage, tissue release and ultrasound.

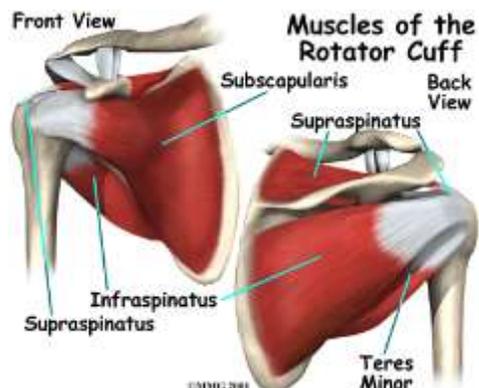
With a more chronic (prolonged) injury the rotator cuff muscles need to be strengthened and rebalanced. Exercises include shoulder setting and progressive theraband strengthening.

Complete tears should have an MRI and a surgical opinion to consider an operation to repair the tear.

Frozen Shoulder

Frozen shoulder is also known as adhesive capsulitis. It is a painful and debilitating condition that reduces the amount of movement in your shoulder. A frozen shoulder is caused when the capsule becomes thickened and inflamed and the bone then gets stuck or 'adhered' to this. Its origin is not really known, some people are more at risk than others, especially women aged 40-60 years old.

The condition can take up to a couple of years to resolve in some people, others respond well to cortisone, physiotherapy and very occasionally surgery.



Dislocations

Over 95% of shoulder dislocation cases are anterior (out of the front of the socket). A dislocated shoulder is usually caused by direct or indirect impact such as a fall or awkward rugby tackle. There is a sudden onset of severe shoulder pain, and the shoulder will often look different to the other side, usually losing the smooth, rounded contour. If there is any nerve or blood vessel damage there may also be pins and needles, numbness or discoloration through the arm to the hand. Any suspected dislocation should always be taken to hospital for reduction – never attempt to do this for someone as it can lead to nerve, blood vessel or bone damage. Young people who dislocate are highly likely to dislocate again in the future so rehabilitation, to reduce the chances by strengthening the muscles, is vital.



Poor movement patterns and overuse

Adolescents can have issues over lengthening muscles not maintaining optimal strength during growing periods. This, together with poor posture can lead sporty youngsters to have pain around the shoulder, particularly the front of the shoulder or the side of the neck. Common sports where we see this are cricket (bowling many overs) tennis and basketball as, in the overhead position, the shoulder is most vulnerable. Specific exercise treatment to stretch the tight, short muscles, and strengthen the supporting postural muscles (including the rotator cuff), together with some rest from the overhead element of the game, produces good results.