

Shoulder Decompression Protocol

All exercises start with Level A. Your therapist will let you know when to progress to Level B or C.

1. Elevation

- a. Passive Forward Elevation: Patient supine, elevation of the arm is assisted with non-injured arm with short hold in end position.
- b. Active: Patient standing, active bilateral elevation is performed with a short hold in end position.



2. Internal and External Rotation

- a. Assisted
 - i. Internal: Patient standing, with a towel or a strap, position injured arm behind your back. The towel or strap should be over the uninjured shoulder. Bracing your shoulders back, begin to pull gently on the strap till stretch is felt.
 - ii. External: Lying on your back and holding a wand, palm face up the injured side and palm face down on the uninjured, push the wand to the side and let your injured shoulder roll outward.
- b. Active:
 - i. Internal and External: Patient standing, active internal and external rotation is performed by placing the hands behind the back and neck. Alternating sides.



3. Knee Push Up Plus (KPP)/ Wall slides

a. Level A

- i. Knee Push Up Plus: Patient in a four-point kneeling position. Dynamic scapular protraction is performed.
- ii. Wall Slides: Patient standing with the ulnar border of the forearms in contact with a wall or a door, and the shoulders and elbows at 90° of flexion. Patient is instructed to slide up the wall (in the scapular plane) to maximum elevation.



b. Level B

- i. Knee Push Up Plus with Leg Extension: Patient in a four-point position. Dynamic scapular protraction, leg extension is performed simultaneously.



c. Level C

- i. Knee Push Up Plus with Diagonal Lift: Patient in a 4-point kneeling position. Dynamic scapular protraction, leg extension and contra-lateral arm flexion are performed.



4. Low and High Row

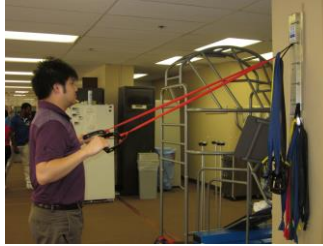
- a. Low Row (isometric): Patient standing with the palm of the hand facing against the edge of a bench or a table. Retraction and depression of the scapula is performed; the isometric contraction is held for 5 seconds.



- b. Low Row (45 to 0°): Patient standing. From 45° of shoulder flexion, extension of the arm with retraction and depression of the scapula to 0° is performed with external loading from an elastic band.



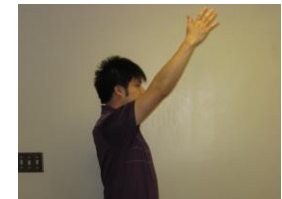
- c. High Row (100 to 0°): Patient standing. From 100° of shoulder flexion, extension of the arm with retraction and depression of the scapula to 0° is performed with external loading from an elastic band.



Rotator Cuff Muscles:

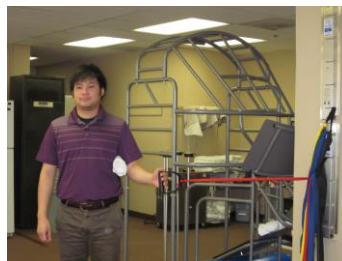
1. Elevation

- a. Elevation (0 to 60°): Patient standing. Elevation in scapular plane, with elbows straight and arm rotated externally (full can), is performed to 60° with external loading from an elastic band.
- b. Elevation (0 to 90°): Patient standing. Elevation in scapular plane, with elbows straight and arm rotated externally (full can), to 90° is performed with external loading from an elastic band.
- c. Elevation (>90°): Patient standing. Elevation in scapular plane, with elbows straight and arm rotated externally (full can) to above 90° is performed with external loading from an elastic band.



2. Internal Rotation

- a. Internal Rotation 0° abduction: Patient standing with a towel between arm and trunk to prevent compensatory shoulder movements, elbow flexed 90°. Internal rotation is performed with external loading from an elastic band.



- b. Internal Rotation from 45° of abduction: Patient is performed with external loading from an elastic bands attached at shoulder level.

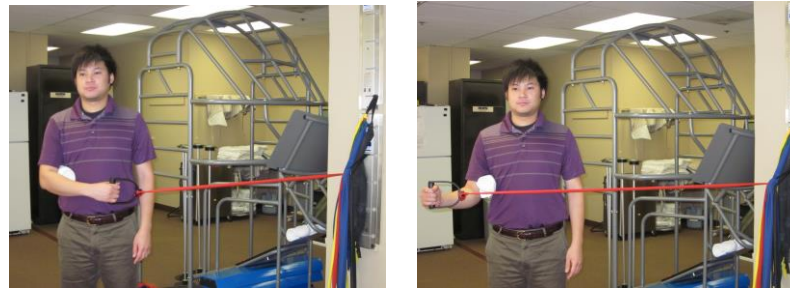


- c. Internal Rotation from 90° of abduction: Patient standing with elbow slightly flexed and arm abducted to 90°. Internal shoulder rotation and adduction is performed with external loading from an elastic band attached above hand level.



3. External Rotation:

- a. External Rotation in 0° abduction: Patient standing with a towel between arm and trunk to prevent compensatory shoulder movements, elbow flexed 90°. External shoulder rotation is performed with external loading from an elastic band attached at waist level.



- b. External Rotation to 45° of abduction: Patient standing with elbow flexed 90° with arm adducted in front of the body. External shoulder rotation and abduction to 45° is performed with external loading from an elastic band attached at knee level.



- c. External Rotation to 90° of abduction: Patient standing with arm adducted in front of the body. External shoulder rotation and abduction to 90° is performed with external loading from an elastic band attached at floor level.

