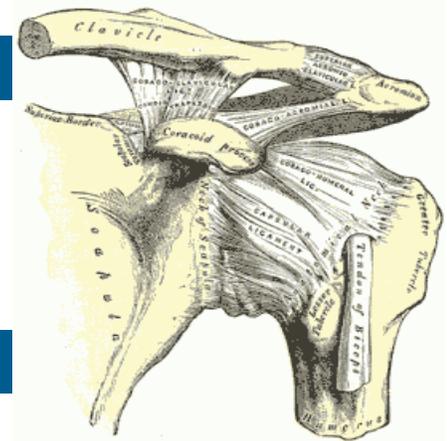


Shoulder Separation and Acromioclavicular Joint Injury

Dr. Abigail R. Hamilton, M.D.

DESCRIPTION

A shoulder separation is not truly an injury to the shoulder joint. The injury actually involves the acromioclavicular joint (also called the AC joint). The AC joint is where the collarbone (clavicle) meets the highest point of the shoulder blade (acromion).



MECHANISM OF INJURY

The most common cause for a separation of the AC joint is from a fall directly onto the shoulder. The fall injures the ligaments that surround and stabilize the AC joint. If the force is severe enough, the ligaments attaching to the underside of the clavicle are torn. This causes the "separation" of the collarbone and shoulder blade. The shoulder blade actually moves downward from the weight of the arm. This creates a "bump" or bulge above the shoulder.

The injury can range from a little change in configuration with mild pain, to quite deforming and very painful. Good pain-free function often returns even with a lot of deformity. The greater the deformity, the longer it takes for pain-free function to return.

- A mild shoulder separation involves a sprain of the AC ligament that does not move the collarbone and looks normal on X-rays.
- A more serious injury tears the AC ligament and sprains or slightly tears the coracoclavicular (CC) ligament, putting the collarbone out of alignment to some extent.
- The most severe shoulder separation completely tears both the AC and CC ligaments and puts the AC joint noticeably out of position.

DIAGNOSIS

The injury is easy to identify when it causes deformity. When there is less deformity, the location of pain and X-rays help the doctor make the diagnosis. Sometimes having the patient hold a weight in the hand can increase the deformity, which makes the injury more obvious on X-rays.

NONSURGICAL TREATMENT

Nonsurgical treatments, such as a sling, cold packs, and medications can often help manage the pain. Sometimes, a doctor may use more complicated supports to help lessen AC joint motion and lessen pain.

Most people return to near full function with this injury, even if there is a persistent, significant deformity. Some people have continued pain in the area of the AC joint, even with only a mild deformity. This may be due to:

- Abnormal contact between the bone ends when the joint is in motion
- Development of arthritis
- Injury to a disk-like piece of cushioning cartilage that is often found between the bone ends of this joint

It is often worthwhile to wait and see if reasonable function returns without surgical treatment

SURGICAL TREATMENT

Surgery can be considered if pain persists or the deformity is severe. A surgeon might recommend trimming back the end of the collarbone so that it does not rub against the acromion.

Where there is significant deformity, reconstructing the ligaments that attach to the underside of the collarbone is helpful. This type of surgery works well even if it is done long after the problem started.

Whether treated conservatively or with surgery, the shoulder will require rehabilitation to restore and rebuild motion, strength, and flexibility.

ACROMIOCLAVICULAR JOINT RECONSTRUCTION SURGERY

PREOPERATIVE INSTRUCTIONS

Surgery will be scheduled if appropriate in the office after consultation.

Within one month before surgery:

- * You will receive instructions to schedule a **preoperative office** visit with your primary doctor to perform a History and Physical

Within several days before surgery:

- * Wash the shoulder and area well
- * Be careful of the skin to avoid sunburn, poison ivy, etc.

The day before surgery:

- * **NOTHING TO EAT OR DRINK AFTER MIDNIGHT.** If surgery will be done in the afternoon, you can have **clear liquids only** up to **six hours** before surgery but no milk or food.

The day of surgery:

- **nothing to eat or drink**
- For surgery at West Health Surgery Center in Plymouth: Report directly to the **Surgical Day Care Unit** on the second floor of the **West Health Medical Campus**.
- For surgery at the surgery center at Crosstown Surgery Center in Edina: Report directly to the **Ambulatory Surgery Center** on the **third floor of Crosstown Medical Building**.

ACROMIOCLAVICULAR JOINT RECONSTRUCTION SURGERY PHASE ONE:

FIRST WEEK AFTER SURGERY

GOALS:

1. Control pain and swelling
2. Protect the AC joint repair
3. Protect wound healing
4. Begin early shoulder motion

ACTIVITIES:

Immediately After Surgery

1. After surgery you will be taken to the recovery room room, where your family can meet you. You will have a **slings** on your operated arm. Rarely, an **abduction pillow** is needed to hold the arm up in the air away from the body.
2. You should get out of bed and move around as much as you can.
3. When lying in bed, elevate the head of your bed and put a small pillow under your arm to hold it away from your body.
4. Apply cold packs to the operated shoulder to reduce pain and swelling.
5. Move your fingers, hand and elbow to increase circulation.
6. The novocaine in your shoulder wears off in about 6 hours. Ask for pain medication as needed.

7. You will receive a prescription for pain medication for when you go home (it can cause constipation - please make sure you are taking a stool softener if you are taking a narcotic pain medication).

The Next Day After Surgery

1. You should keep your surgical dressing in place. It is OK to shower with it on. Do not wash that area with soap and pat the bandage dry, do not rub so that you don't disturb the edges of the bandage.
2. Remove the sling several times a day to gently move the arm in a pendulum motion: lean forward and passively swing the arm.

At Home

1. You can sleep in whatever position you find comfortable but keep the arm in the sling. Frequently it is more comfortable to sleep more upright or propped up. A reclining chair is frequently found to be helpful the first few nights after surgery.
2. You may shower as noted above. To wash under the operated arm, bend over at the waist and let the arm passively come away from the body. It is safe to wash under the arm in this position. This is the same position as the pendulum exercise.
3. Apply cold to the shoulder for 20 minutes at a time as needed to reduce pain and swelling.
4. Remove the sling several times a day: move the elbow wrist and hand. Lean over and do pendulum exercises for 3 to 5 minutes every 1 to 2 hours.
5. **DO NOT** lift your arm at the shoulder using your muscles.
6. Because of the need for your comfort and the protection of the repaired AC joint, a sling is usually necessary for 4 to 6 weeks, unless otherwise instructed by your surgeon.

OFFICE VISIT

Please follow up as scheduled in the office 10-14 days after surgery for suture removal (if needed) and further instructions. If you have questions or concerns regarding your surgery or the rehabilitation protocol and exercises call Dr. Hamilton's office at **763-302-2107**.

Rehabilitation after Acromioclavicular Joint Reconstruction Phase One:

0-6 WEEKS AFTER SURGERY

Goals:

1. Protect the surgical repair
2. Ensure wound healing
3. Prevent shoulder stiffness
4. Regain range of motion
5. Control pain and swelling

Activities:1. Sling

Use your sling most of the time for the first 2 weeks. The doctor will give you additional instructions on the use of the sling at your post-operative office visit. Remove the sling 4 or 5 times a day to do pendulum exercises.

2. Use of the operated arm

Do not let weight of arm pull on fixation device x 6 weeks

Do not elevate surgical arm above 90 degrees in any plane for the first 6 weeks post-op. Do not lift any objects over 1 or 2 pounds with the surgical arm for the first 6 weeks.

Avoid excessive reaching and external/internal rotation for the first 6 weeks.

3. Showering

You may shower or bath and wash the dressing and then once this is removed, the incision area. To wash under the operated arm, bend over at the waist and let the arm passively come away from the body. It is safe to wash under the arm in this position. This is the same position as the pendulum exercise.

STRETCHING / PASSIVE MOTION

Days per Week: 7

Times per day: 4-5

Program:

Pendulum exercises Supine External
Rotation

Supine assisted arm elevation limit to 90 degrees

Isometric exercises: internal and external rotation at neutral Elbow and forearm
exercises

Ball squeeze exercise

Scapular retraction

Rehabilitation after Acromioclavicular Joint Reconstruction Phase two:**7-12 WEEKS AFTER SURGERY****Goals:**

1. Protect the surgical repair
2. Improve range of motion of the shoulder
3. Begin gentle strengthening

Activities1. Sling

Your sling is no longer necessary unless your doctor instructs you to continue using it (use it for comfort only).

2. Use of the operated arm

You can now move your arm for most daily activities, but you need to continue to be careful not to lift

objects heavier than 1 or 2 pounds. You should avoid forceful pushing or pulling activities. You should continue to avoid reaching behind you or other positions with the hand behind the head.

3. Bathing and showering

Continue to follow the instructions from phase one and the instructions above.

Exercise Program

STRETCHING / ACTIVE MOTION

Days per week: 7 Times per day:
1 to 3

Supine External Rotation Standing External
Rotation Supine assisted arm elevation Arm
Elevation in scapular plane Behind the back
internal rotation (limit beltline)
Horizontal adduction(active reach only) Hands
behind-the-head stretch
ER @ 90° abduction stretch
Proprioception drills
Side lying IR @ 90°

STRENGTHENING / THERABAND

Internal and External rotation

Biceps curl
Row
Forward punch (Serratus punch)

STRENGTHENING / DYNAMIC

Side lying ER
Prone row
Prone extension
Prone 'T's
Prone 'Y's
Standing scaption Isotonic
biceps curl Rhythmic
stabilization
Scapulohumeral Rhythm exercises

Rehabilitation after Acromioclavicular Joint Reconstruction Phase Three:

STARTING 13-17 WEEKS AFTER SURGERY

Goals:

1. Protect the surgical repair
2. Regain full range of motion
3. Continue strengthening progression

Activities:

Use of the operated arm

You may now safely use the arm for normal daily activities involved with dressing, bathing and self-care. You may raise the arm away from the body; however, you should not raise the arm when carrying objects greater than one pound. Any forceful pushing or pulling activities could still disrupt the healing of your surgical repair. Continue to avoid lifting weighted objects overhead

Exercise Program:

STRETCHING / RANGE OF MOTION

Days per week: 7
Times per day: 1-2
Pendulum exercises

Standing External Rotation / Doorway Wall
slide Stretch
Hands-behind-head stretch Standing
Forward Flexion Behind the back

internal rotation Supine Cross-Chest
Stretch
Sidelying internal rotation (sleeper stretch)
External rotation at 90° Abduction stretch

STRENGTHENING / THERABAND

Days per week: 7

Times per day: 1

External Rotation

Internal Rotation

Standing Forward Punch

Shoulder Shrug Dynamic hug

Seated Row

Biceps curl W's

STRENGTHENING / DYNAMIC

Days per week: 7 Times per day: 1

Side-lying External Rotation Prone

Horizontal Arm Raises 'T's Prone

row

Prone scaption 'Y's

Prone extension

Standing forward flexion "full-can"

scaption

Add progressive resistance 1 to 5 lb

Rhythmic stabilization and

proprioceptive training drills with
physical therapist

Limited weight training can begin week 16 per
surgeon

Rehabilitation after Acromioclavicular Joint Reconstruction Phase Four:

STARTING 19-28 WEEKS AFTER SURGERY

Goals:

1. Progression of functional activities
2. Maintain full range of motion
3. Continue progressive strengthening
4. Advance sports and recreational activity per surgeon

Exercise Program

STRETCHING / RANGE OF MOTION

Days per week: 5-7 Times per day: 1

Continue all exercises from phase 3

STRENGTHENING / THERABAND

Days per week: 3 Times per day: 1

Continue from phase 3

STRENGTHENING / DYNAMIC

Days per week: 3 Times per day: 1

Continue from phase 3

PLYOMETRIC PROGRAM

Usually for throwing and overhead athletes

Days per week and times per day per physical therapist

‘Rebounder’ throws with arm at side

Wall dribbles overhead

Rebounder throwing/weighted ball

Deceleration drills with weighted ball

Wall dribbles at 90°

Wall dribble circles

WEIGHT TRAINING

See weight training precautions section

INTERVAL SPORT PROGRAMS

We have many specific return to sports programs thru TCO physical therapy. If you have a specific sport you are returning to, please discuss with Dr. Hamilton and she will help match you with a therapist.

Rehabilitation Guidelines after Acromioclavicular Joint Reconstruction

Post-op phase	Sling	Range of Motion	Therapeutic exercises		Precautions
<p>Phase 1 0 to 6 weeks after surgery <u>Goals:</u> *Allow healing of repaired tissue *Initiate early protected and restricted range of motion. *Minimize muscular atrophy. *Decrease pain/inflammation.</p>	<p>Per MD instructions. An arm sling/support is used for 6 weeks post-op whenever standing</p>	<p>*Flexion to 90 degrees as tolerated *ER @ 0° as tolerated, *IR and ER@ 90° to 45 *No IR behind back, *No horizontal adduction</p>	<p>No stretching 0-6 weeks *Pendulum exercises *Supine forward flexion with wand to 90 * shoulder abduction limit 90 *Supine ER at neutral</p>	<p>*Isometrics: ER, IR, FLX, EXT, ABD *Ball squeeze *Elbow and forearm exercises *Theraband exercises ER, IR (limit IR to neutral)</p>	<p>-DO NOT let weight of arm pull on fixation device x 6 weeks -DO NOT elevate surgical arm above 90 degrees in any plane for the first 6 weeks post-op. -DO NOT lift any objects over 5 pounds with the surgical arm for the first 6 weeks.</p>

<p>* Ice shoulder 3-5 times (15 minutes each time) per day to control swelling and inflammation.</p>			<p>*Scapular retraction</p>		<p>-AVOID EXCESSIVE reaching and external/internal rotation for the first 6 weeks.</p>
<p>Phase 2 7 to 12 weeks after surgery</p> <p><u>Goals:</u> *Gradually restore range of motion *Increase strength *Improve neuromuscular control *Enhance proprioception and kinesthesia</p>	<p>D/C</p>	<p>*In general, increase ROMs in increments of 15° per week</p> <p>*Shoulder flexion and abduction to tolerance (full by week 12)</p> <p>*Horizontal adduction active only</p> <p>*progressive IR and ER as tolerated</p>	<p>*Gradually improve ROM all planes</p> <p>*Elevation in scapular plane</p> <p>*Wall slide</p> <p>*IR behind back to beltline only</p> <p>*Horizontal adduction active reach only</p> <p>*Hands behind-the-head stretch</p> <p>*ER @ 90° abduction stretch</p> <p>*Side lying IR @ 90°</p> <p>* Standing External Rotation</p>	<p><u>Theraband exercises:</u> Continue phase I Biceps curl Row Forward punch (Serratus punch)</p> <p><u>Dynamic exercises:</u> *Side lying ER *Prone row *Prone extension * Standing forward flexion to 90° *Prone 'T's *Standing scaption *Isotonic biceps curl *Prone 'Y's</p> <p>*Rhythmic stabilization</p> <p>*Proprioception drills</p> <p>*Scapulohumeral Rhythm exercises</p>	<p>No push-ups or pushing movements</p> <p>No lifting of weighted objects overhead or across the body</p>

Post-op Phase	Therapeutic Exercises		Notes	Precautions
<p>Phase 3 13-18 weeks after surgery</p> <p><u>Goals:</u> * Progress to full ROM *Improve: strength/power/endurance *Improve neuromuscular control *Improve dynamic stability *Improve scapular muscular strength</p>	<p>*Progress to full ROM</p> <p>*Horizontal adduction stretch</p> <p>*IR behind back full</p> <p>* External rotation at 90° Abduction stretch</p>	<p>*Continue theraband and dynamic exercises from phase 1 and 2</p> <p><u>Theraband:</u> add ‘T’s, diagonal up and down, External rotation at 90°, Internal rotation at 90°</p> <p><u>Dynamic:</u> *Continue previous Progressive resistance limit to 5 lb</p> <p>*Initiate push-ups into wall at week 12 (then push-up progression per MD)</p> <p>*Weight training can begin at 16 weeks. *Machine resistance (limited ROM): *Biceps and Triceps *Front pull downs *Seated row *Seated bench press at week 16 *other weight training per surgeon’s permission</p>	<p>PRE 1-5 lb as tolerated</p> <p>Gradual return to recreational activities without force on the arm</p>	<p>Continue to avoid forceful pushing pulling and lifting overhead</p>
<p>Phase 4 19-28 weeks after surgery onward</p> <p><u>Goals:</u> Progressively increase activities to prepare patient for unrestricted functional return</p>	<p>Full ROM</p>	<p>*May progress CKC program: *Ball on wall *Pushup on unstable surface at 20 weeks</p> <p>Plyometric exercises for throwers: *Rebounder throws arm at side *Wall dribbles overhead *Rebounder throws with weighted ball, *Decelerations, wall dribbles at 90° *Wall dribble circles</p>	<p>Interval sports programs can begin and Strength athletes can gradually resume regular training between 28-32 weeks</p>	<p>Weight training precautions.</p> <p>Shoulder brace sometimes for collision sports.</p>

Shoulder Exercises for Acromioclavicular Joint Reconstruction Rehabilitation Protocol

The exercises illustrated and described in this document should be performed only after instruction by your physical therapist or doctor.

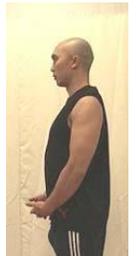
Pendulum exercise

Bend over at the waist and let the arm hang down. Using your body to initiate movement, swing the arm gently forward and backward and in a circular motion.



Shoulder shrug

Shrug shoulders upward as illustrated.



Shoulder blade pinches

Pinch shoulder blades backward and together, as illustrated.

Supine passive arm elevation

Lie on your back. Hold the affected arm at the wrist with the opposite hand. Using the strength of the opposite arm, lift the affected arm upward, as if to bring the arm overhead, slowly lower the arm back to the bed.



Supine external rotation

Lie on your back. Keep the elbow of the affected arm against your side with the elbow bent at 90 degrees. Using a cane or long stick in the opposite hand, push against the hand of the affected arm so that the affected arm rotates outward. Hold 10 seconds, relax and repeat.



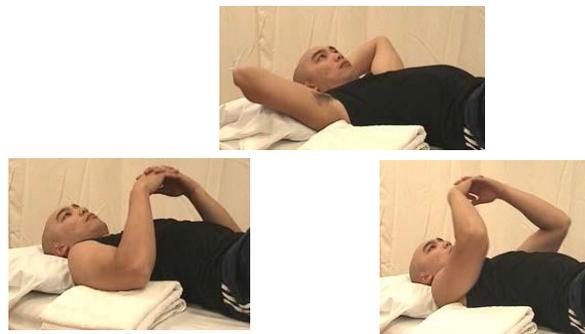
Behind-the-back internal rotation

Sitting in a chair or standing, place the hand of the operated arm behind your back at the waistline. Use your opposite hand, as illustrated, to help the other hand higher toward the shoulder blade. Hold 10 seconds, relax and repeat.



Hand-behind-the-head stretch

Lie on your back. Clasp your hands and place your hands behind your head with the elbows facing forward. Slowly lower the elbows to the side to stretch the shoulder outward. Hold for 10 seconds, and then return to the starting position.



Standing external rotation

Stand in a doorway facing the doorframe or near the edge of a wall. With your hand against the wall or doorframe, keep the affected arm firmly against your side, and the elbow at a right (90 degree) angle. By moving your feet, rotate your body away from the door or wall to produce outward rotation at the shoulder.



Supine cross-chest stretch

Lying on your back, hold the elbow of the operated arm with the opposite hand. Gently stretch the elbow toward the opposite shoulder. Hold for 10 seconds.



Sidelying internal rotation stretch

Lie on your side with the arm positioned so that the arm is at a right angle to the body and the elbow bent at a 90° angle. Keeping the elbow at a right angle, rotate the arm forward as if to touch the thumb to the table. Apply a gentle stretch with the opposite arm. Hold 10 to 15 seconds.



External rotation at 90° abduction stretch

Lie on your back. Support the upper arm, if needed, with towels or a small pillow. Keep arm at 90 degrees to the body and the elbow bent at 90 degrees. Using a stick and the opposite arm, stretch as if to bring the thumb to the corner of the table adjacent to your ear. Hold for 10 seconds, and then return to the starting position



Wall slide stretch

Stand facing a wall; place the hands of both arms on the wall. Slide the hands and arms upward. As you are able to stretch the hand and arm higher, you should move your body closer to the wall. Hold 10 seconds, lower the arm by pressing the hand into the wall and letting it slide slowly down.



Seated/Standing Forward Elevation (Overhead Elbow Lift)

During this phase, you can stand or sit in a chair. If it is easier, begin lying on your back until you achieve maximal motion, then use the standing or seated position. Assume an upright position with erect posture, looking straight ahead. Place your hands on either thigh with the operated thumb facing up and your elbow straight. In the beginning, this stretch is not performed solely with the operated arm, but uses the uninjured hand for assistance going up and coming down. As you become stronger, you can raise and lower your arm without assistance. The operated arm should be lifted as high as possible, or to your end-point of pain. Try to raise the arm by hinging at the shoulder as opposed to raising the arm with the shoulder blade.



Standing forward flexion

Stand facing a mirror with the hands rotated so that the thumbs face forward. Raise the arm upward keeping the elbow straight. Try to raise the arm by hinging at the shoulder as opposed to raising the arm with the shoulder blade. Do

10 repetitions to 90 degrees. If you can do this without hiking the shoulder blade, do 10 repetitions fully overhead.



Isometric internal and external rotation

Stand facing a doorjamb or the corner of a wall. Keep the elbow tight against your side and hold the forearm at a right angle to the arm. For internal rotation, place the palm against the wall with the thumb facing up. For external rotation, place the back of the hand against the wall with the thumb facing up. Pull or push against the wall and hold for 5 seconds



Ball squeeze exercises

Holding a rubber ball or tennis ball, squeeze the ball and hold for 5 seconds



Prone rowing

The starting position for this exercise is to bend over at the waist so that the affected arm is hanging freely straight down.

Alternatively, lie face down on your bed with the operated arm hanging freely off of the side. While keeping the shoulder blade 'set', raise the arm up toward the ceiling while bending at the elbow. The elbow should be drawn along the side of the body until the hands touch the lower ribs. Always return slowly to the start position.



Prone horizontal abduction ('T's')

The starting position for this exercise is to bend over at the waist so that the affected arm is hanging freely straight down. Alternatively, lie face down on your bed with the operated arm hanging freely off of the side. Rotate your hand so that the thumb faces forward. While keeping the shoulder blade 'set' and keeping the elbows straight, slowly raise your arm away from your body to shoulder height, through a pain-free range of motion (so that your hand now has the thumb facing forward, and aligned with your cheek). Hold that position for 1 to 2 seconds and slowly lower. Limit the height that you raise the arm to 90 degrees, or in other words, horizontal to the floor.



Prone horizontal abduction with external rotation

The starting position for this exercise is to bend over at the waist so that the affected arm is hanging freely straight down.

Alternatively, lie face down on your bed with the operated arm hanging freely off of the side. Rotate your hand so that the thumb faces outward. While keeping the shoulder blade 'set' and

keeping the elbows straight, slowly raise your arm away from your body to shoulder height, through a pain-free range of motion (so that your hand now has the thumb facing forward, and aligned with your cheek). Hold that position for 1 to 2 seconds and slowly lower. Limit the height that you raise the arm to 90 degrees, or in other words, horizontal to the floor.



Prone scaption ('Y's)

The starting position for this exercise is to bend over at the waist so that the affected arm is hanging freely straight down.

Alternatively, lie face down on your bed with the operated arm hanging freely off of the side. Keep the shoulder blade 'set' and keep the elbows straight. Slowly raise the arm away from your body and slightly forward through a

pain-free range of motion (so that your hand now has the thumb facing up, and is aligned with your forehead).

Hold that position for 1 to 2 seconds and slowly lower. Limit the height that you raise the arm to 90 degrees, or in other words, horizontal to the floor.



Prone extension

The starting position for this exercise is to bend over at the waist so that the affected arm is hanging freely straight down. Alternatively, lie face down on your bed with the operated arm hanging freely off of the side. While keeping the shoulder blade 'set' and keeping the elbow straight, raise the arm backward toward your hip with the thumb pointing outward. Do not lift your hand past the level of your hip.



Prone external rotation at 90 ° Abduction

Lie face down on a table with your arm hanging over the side of the table. Raise the arm to shoulder height at a 90° angle to the body. While holding the arm in this position, rotate the hand upward, until the hand is even with the elbow. Hold one second and slowly let the hand rotate to the starting position and repeat.



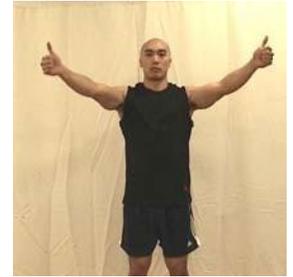
Sidelying external rotation

Lying on the non-operated side, bend your elbow to a 90-degree angle and keep the operated arm firmly against your side with your hand resting on your abdomen. By rotation at the shoulder, raise your hand upward, toward the ceiling through a comfortable range of motion. Hold this position for 1 to 2 seconds, and then slowly lower the hand.



Standing forward flexion ('full-can') exercise

Stand facing a mirror with the hands rotated so that the thumbs face forward. While keeping the shoulder blade 'set' and keeping the elbows straight, raise the arms forward and upward to shoulder level with a slight outward angle (30°). Pause for one second and slowly lower and repeat.



Lateral Raises

Stand with the arm at your side with the elbow straight and the hands rotated so that the thumbs face forward. Raise the arm straight out to the side, palm down, until the hands reach shoulder level. Do not raise the hands higher than the shoulder. Pause and slowly lower the arm.

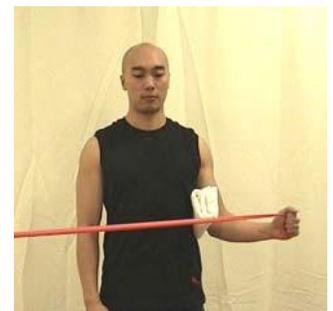


Theraband Strengthening

These resistance exercises should be done very slowly in both directions. We want to strengthen you throughout the full range of motion and it is very important that these exercises be done very slowly, not only when you complete the exercise (concentric), but also as you come back to the start position (eccentric). The slower the motion, the more maximal the contraction throughout a full range of motion.

External Rotation

Attach the theraband at waist level in a doorjamb or other. While standing sideways to the door and looking straight ahead, grasp one end of the band and pull the band all the way through until it is taut. Feet are shoulder width apart and the knees are slightly flexed. The elbow is placed next to the side with the hand as close to your chest as possible (think of this elbow as being a hinge on a gate). Taking the cord in the hand, move the hand away from the body as far as it feels comfortable. Return to the start position.



Internal Rotation

Attach the Theraband at waist level in a doorjamb or other. While standing sideways to the door and looking straight ahead, grasp one end of the handle and pull the cord all



the way through until it is taut. Feet are shoulder width apart and the knees are slightly flexed. The elbow is placed next to the side and is flexed at 90 degrees (think of this elbow as being a hinge on a gate). Taking the cord in the hand, move the hand toward the chest as far as it feels comfortable. Return to the start position.

Shoulder Shrug

Stand on the theraband with your feet at shoulder width apart and look straight ahead. Next, straighten up, keeping the knees slightly flexed, with your arms straight down at the sides (palms in). Slowly raise the shoulders in a shrug (toward the ears), then rotate the shoulders backward in a circular motion, and finally down to the original position. This movement is completed while keeping constant tension on the cord.



Seated / Standing Row

Attach the theraband in a doorjamb or other. Sit or stand facing the door. Use a wide flat-footed stance and keep your back straight. Begin with the arms slightly flexed, hands together at waist level in front of your body, thumbs pointing upward, and with the cord taut. You are producing a rowing motion. Pull the cord all the way toward the chest. While pulling the cord, the elbows should be drawn along the side of the body until the hands touch the lower ribs. Always return slowly to the start position.



Standing Forward Punch

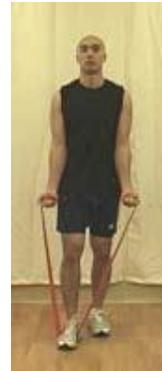
Attach the theraband at waist level in the doorjamb. Facing away from the door, stand in a boxing position with one leg ahead of the other (stride position). Do not bend at the waist and remain in an upright position. If the right shoulder is the injured extremity, you will want to grasp the handle in the right hand and step out until the cord is taut. If you use the right hand, the left foot should be forward in the stride



position. Begin with your right arm at waist level and bend the elbow at a 90 degree angle, with the elbow remaining near your side. Slowly punch forward while slightly raising the right arm in a forward, upward punching motion. The hand should reach approximately neck level with the right arm almost straight.

Biceps Curls

Place your feet on the cord, shoulder width apart, knees slightly bent. Keeping your elbows close to the sides of your body, slowly bend the arm at the elbow and curl towards the shoulder.



Dynamic Hug

With the tubing attach behind you at shoulder height, grip both ends of the tubing in your hands with the tubing on the outside of your shoulders. Pull the band forward and slightly downward in a ‘hugging’ motion, or as if you were wrapping both arm around a small tree. Pause and return slowly to the starting position.



‘W’s

With the tubing attached in front of you, stand with the tubing in both hands with the elbows bent at 90° and fixed at your side. Pull the band outward, keeping the elbow at your side. The arms rotate outward making the shape of a ‘W’.



Standing ‘T’s.

Stand with the theraband attached in front of you. Stand with the arm flexed forward



at shoulder height with the elbow straight.
While keeping the elbow straight, pull the arm toward the rear until the arm is by your side.

Theraband external rotation at 90°.

Stand with the theraband attached in front of you. Keeping the arm elevated to 90 degrees and the elbow at a 90-degree angle, rotate the hand and arm slowly backward and then return slowly to the start position.



Theraband internal rotation at 90°.

Stand with the theraband attached behind you. Keeping the arm elevated to 90 degrees and the elbow at a 90-degree angle, rotate the hand and arm slowly forward and then return slowly to the start position.