

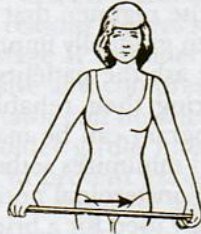
Stick Exercises

Do each exercise _____ times.
Hold each exercise _____ counts.
Do exercise program _____ times per day.

Pendulum Exercise



Abduction



External Rotation



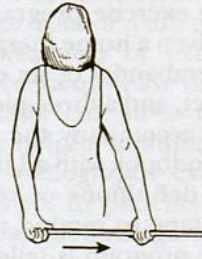
Flexion



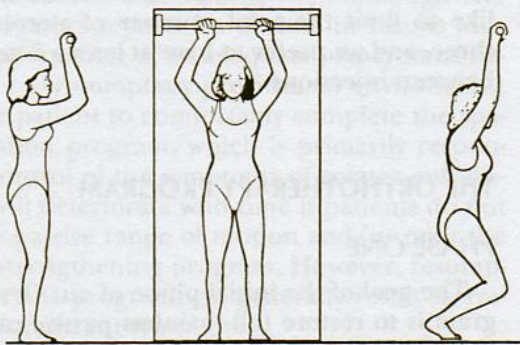
Extension



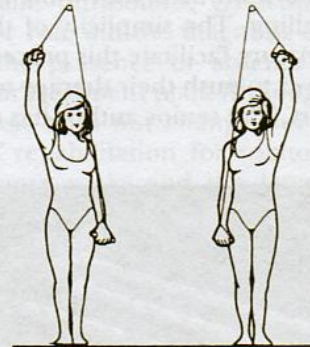
Internal Rotation



Overhead Bar



Pulley



Wall Walking



B

Posterior Stretching



Door Hanging

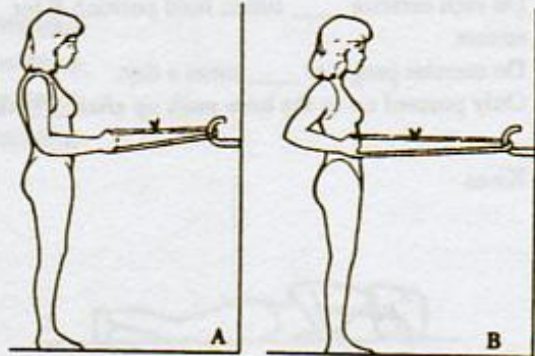


Do each exercise ____ times; hold position B for ____ counts. Do exercise program ____ times per day.

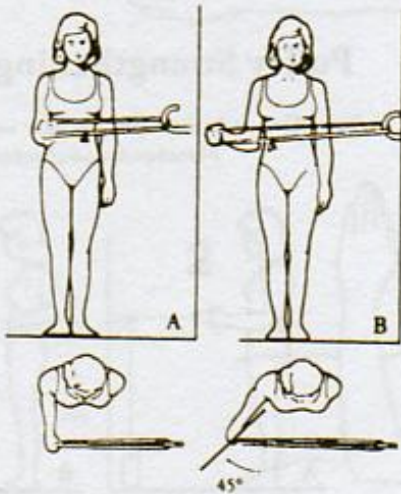
Begin with Yellow Theraband /Tube for ____ weeks.
 Then use Red Theraband/Tube for ____ weeks.
 Then use Green Theraband/Tube for ____ weeks.
 Then use Blue Theraband/Tube for ____ weeks.
 Then use Black Theraband/Tube for ____ weeks.
 Then use Gray Theraband/Tube for ____ weeks.

*Note: 1. Do not proceed to the next colored band until the current band is easy to use.
 2. After completion of the Therabands you must remember to keep your shoulder strong by continuing to use the gray band for exercises 2-3 times a week.*

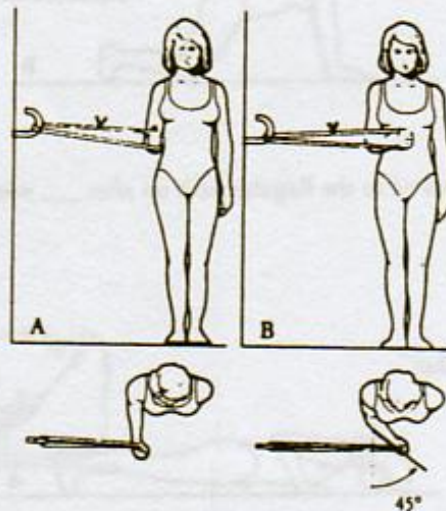
Exercise 3



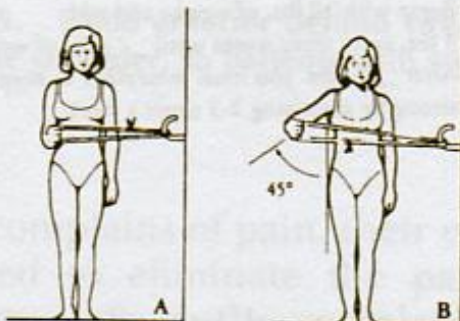
Exercise 1



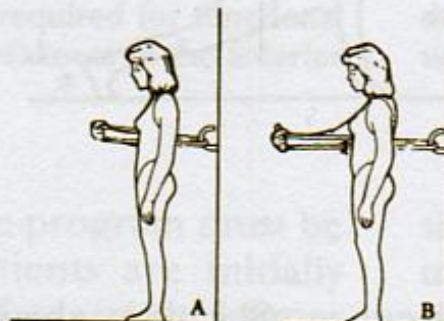
Exercise 4



Exercise 2



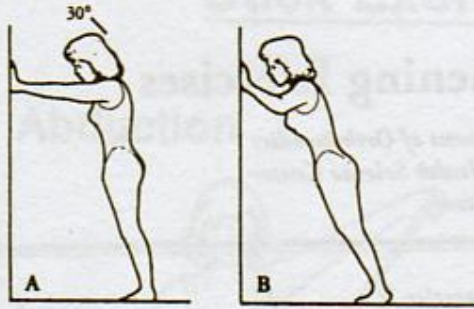
Exercise 5



Codo pegado al cuerpo en la realización de los ejercicios y en ángulos de movimientos menores o iguales a 45°
 Regla del “no dolor”

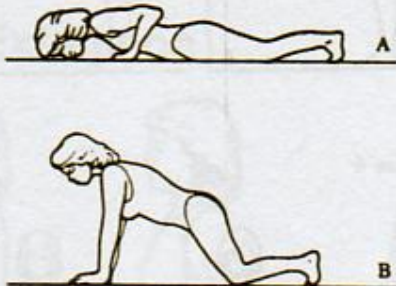
Push-Up Exercises

Wall



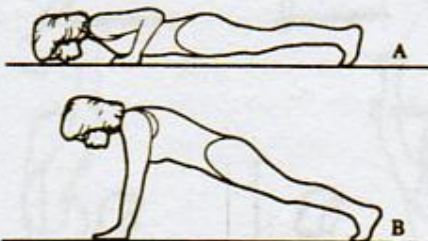
Do each exercise ____ times; hold position B for ____ counts.
Do exercise program ____ times a day.
Only proceed on to the knee push up after ____ weeks.

Knee

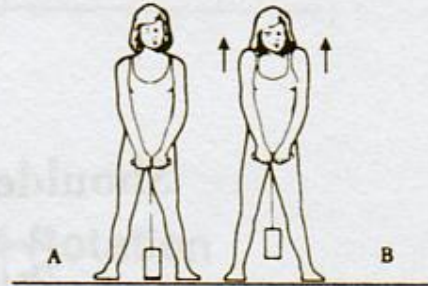


Proceed on to the Regular push up after ____ weeks.

Regular

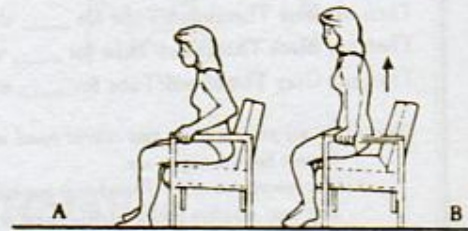


Shoulder Shrug Exercise



Do each exercise ____ times; hold position B for ____ counts.
Do exercise program ____ times a day.
Begin with ____ pounds of weights.
After ____ weeks increase weight by ____ pounds.

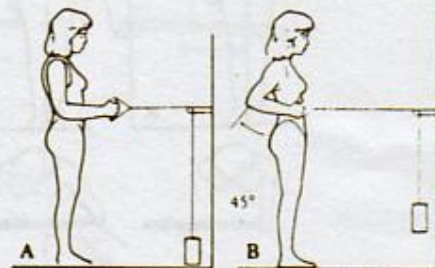
Shoulder Press-up Exercise



Do each exercise ____ times; hold position B for ____ counts.
Do exercise program ____ times a day.

Pulley Strengthening Exercise

Note: Only to be done after you have used all of the other Therabands and/or tubes



Do each exercise ____ times; hold position B for ____ counts.
Do the exercise program ____ times a day.
Begin with 10 lbs. of weight and add 3 lbs. every three weeks until ____ lbs. of weight are obtained.
After ____ lbs. you must remember to keep your shoulder strong by exercising 2-3 times a week.

Deltoid Strengthening Program

Shoulder Service - Department of Orthopaedics
The University of Texas Health Science Center at San Antonio

Do each exercise _____ times.

Hold at Step 5 for _____ counts.

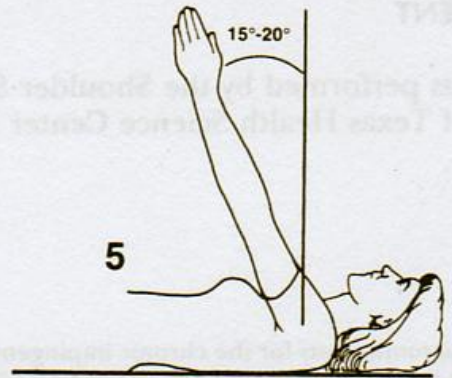
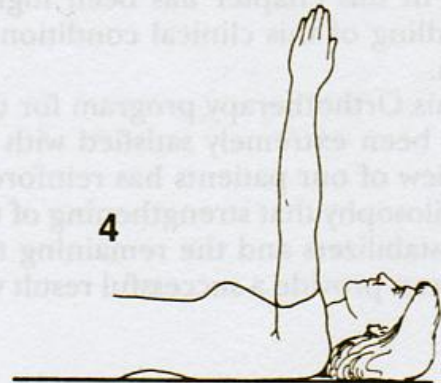
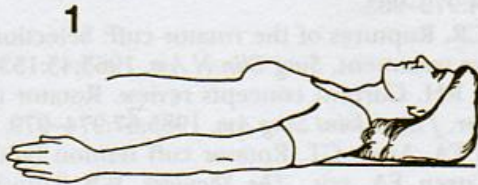
Do exercise program _____ times per day.

Start with _____ pounds for _____ weeks.

Then use _____ pounds for _____ weeks.

Then use _____ pounds for _____ weeks.

Then use _____ pounds for _____ weeks.



Rotadores escapulares con goma elástica: Coja un extremo de la goma en cada mano y mantenga los brazos a ambos lados del cuerpo con los codos flexionados. **Junte la punta de las escápulas y mueva los antebrazos separándolos del cuerpo manteniendo los codos pegados al cuerpo.** Vuelva lentamente a la posición de comienzo. **Repítalo 20 veces.**

