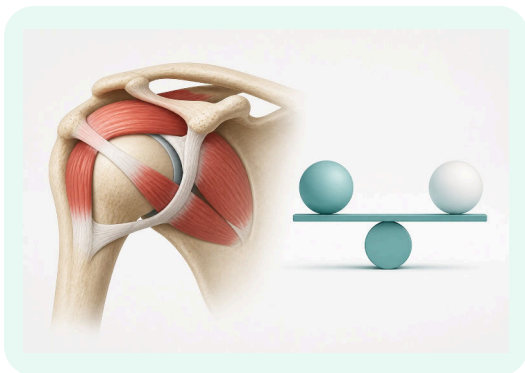


Your Shoulder: Rebuilding a Sore Rotator Cuff



WHAT IS HAPPENING?



Your shoulder pain is coming from the rotator cuff — four small muscles and their tendons (the tough cords that attach muscle to bone) that hold your arm bone steady in its socket and help you lift and reach — and right now those tendons are being asked to do more work than they can handle, so they have become sore. Tendons get stronger when you load them a little at a time, which is exactly what these exercises do; most people with this kind of shoulder pain get better this way, without a scan and without surgery.



READ THIS BEFORE YOU START

Read this first. These exercises are general education, not a diagnosis. If you have not been examined for this problem, call us before starting. Stop and read "Stop and get help" on the last page now, so you know the warning signs before you begin.

KEEP THE SUPPORT SHOWN IN THE PICTURE

Where a movement picture is shown, it shows the complete person and the complete safety setup.

How Your Week Fits Together

● WHY THESE MOVEMENTS HELP

- **Doorway Press-Out (Isometric External Rotation):** An easy, safe way to start loading the shoulder, including on days it is too sore to move much.
- **Band Rotation-Out (External Rotation with a Resistance Band):** Builds strength and load tolerance in the cuff muscles at the back of your shoulder — the ones that steady your arm bone while you reach.
- **Seated Shoulder Blade Squeeze Row:** Strengthens your upper back so your shoulder blade shares the work instead of leaving all of it to the sore tendon.
- **Cable Rotation-Out (Cable External Rotation):** The stronger, steadier version of your band exercise, so the tendon keeps building capacity as you get better.
- **Cable Rotation-In (Cable Internal Rotation):** The muscle at the front of the shoulder (the subscapularis) is part of the rotator cuff too, and it works together with the muscles at the back to hold the joint steady. This keeps that side working while the rest of the cuff gets stronger.
- **Chest-Supported Row with a Shoulder Blade Squeeze:** Builds the upper-back muscles that support your shoulder blade so your whole shoulder shares the load instead of the sore tendon carrying it alone.

Across-the-Chest Stretch

Match the setup first. Then move slowly toward the end-position reference.

1 START / SETUP



MATCH THIS SETUP

2 END POSITION



MOVE TO HERE

WATCH THIS

Hold above the elbow, never at the wrist — pulling on the wrist twists the joint instead of stretching it.

SET UP

Sit tall on a sturdy chair with both feet flat on the floor and both shoulders level. If both shoulders hurt, do one side, then repeat on the other.

HOW MUCH

Hold 30 seconds, rest 15 seconds, repeat 3 times. Once a day, 7 days a week, and again after any exercise session.

DO THIS

Bring your sore arm across the front of your chest at breastbone height, with a slight bend in that elbow. Cup your other hand on the BACK of that upper arm, just above the elbow, and draw it gently across until you feel a comfortable pull in the back of the shoulder. Hold, then release slowly.

FORM CHECK

Hold above the elbow, never at the wrist — pulling on the wrist twists the joint instead of stretching it. Your hand crosses your chest at breastbone level; it does not rest on your far shoulder and never comes up near your neck or chin. Keep the stretched shoulder DOWN and level with the other one. Mild pull only — never a sharp catch.

Low Doorway Chest Stretch

Match the setup first. Then move slowly toward the end-position reference.

1 START / SETUP



MATCH THIS SETUP

2 END POSITION



MOVE TO HERE

WATCH THIS

Keep the elbow **BELOW** the top of your shoulder — the higher it goes, the more strain lands on the front of the shoulder.

SET UP

Stand in an open doorway facing straight through the opening. Put the forearm of your sore side flat against the door frame beside you, elbow bent to a square corner, with your elbow at armpit height — a little **BELOW** the top of your shoulder, never above it.

DO THIS

Step the foot on that same side forward through the doorway in a short step, keeping your back foot flat on the floor. Shift your weight gently onto the front foot until you feel a mild stretch across the front of your chest and shoulder. Hold, then step back.

HOW MUCH

Hold 30 seconds, rest 15 seconds, repeat 3 times. Once a day, 7 days a week.

FORM CHECK

Keep the elbow **BELOW** the top of your shoulder — the higher it goes, the more strain lands on the front of the shoulder. Small step, back foot flat: this is a shift of weight, not a lunge. Keep your ribs down and do not arch your lower back to get more stretch — step a little farther instead. **Skip this stretch entirely if your shoulder has ever come out of joint (dislocated); do the Across-the-Chest Stretch twice instead.**

Doorway Press-Out (Isometric External Rotation)

Set your wrist and towel as shown. Press outward without moving.

1 START / SETUP



BACK OF WRIST ON FRAME • TOWEL PINNED

HOLD

2 PRESS / HOLD



PRESS OUTWARD • NOTHING MOVES

WATCH THIS

Press just hard enough that you feel the muscles working and the shoulder aches no more than mildly — you should still be able to talk.

WHY IT HELPS

An easy, safe way to start loading the shoulder, including on days it is too sore to move much.

SET UP

Roll up a hand towel and tuck it between the elbow of your sore arm and your ribs. Stand just inside a doorway, close enough to the door frame that the back of your wrist rests against it while your upper arm hangs straight down at your side — no reaching. If both shoulders hurt, do every exercise on one side first, then repeat on the other.

DO THIS

Bend that elbow to a square corner so your forearm is horizontal and your thumb points at the ceiling. Press the back of your wrist outward into the door frame. Nothing moves — your arm stays still and the frame does not budge. Press, hold, then relax.

HOW MUCH

Hold 20 to 30 seconds, rest 20 seconds, repeat 5 times. Do this once or twice a day, 5 to 7 days a week, starting in week 1. After the first 2 weeks, keep it as your go-to on sore days and whenever the shoulder flares up — at least 2 days a week.

FORM CHECK

Press just hard enough that you feel the muscles working and the shoulder aches no more than mildly — you should still be able to talk. Count out loud from one to twenty while you press; if you can talk, you are not holding your breath. Holding your breath during a hard push pushes your blood pressure up. Keep the towel pinned — if it slips out, your elbow has drifted away from your side and the wrong muscles are working.

Band Rotation-Out (External Rotation with a Resistance Band)

Match the setup first. Then move slowly toward the end-position reference.

1 START / SETUP



MATCH THIS SETUP

2 END POSITION



MOVE TO HERE

WATCH THIS

Your elbow is the hinge and it never leaves your ribs; your thumb stays pointed at the ceiling the whole way.

WHY IT HELPS

Builds strength and load tolerance in the cuff muscles at the back of your shoulder — the ones that steady your arm bone while you reach.

SET UP

read the band safety check before every session: Run the band through your fingers and look for nicks, cracks, small tears, or shiny thin spots; a worn band can snap. Close the door and check it opens away from you. Put the anchor on the same side as the door handle, at about elbow height. Never use the hinge side. Make sure the door is latched, and tell anyone home not to open it. If your band came with a foam door anchor, use it. Never set up so the band would fly toward your face, and never stretch a band more than about twice its resting length. Now: use the lightest band. Stand side-on with your GOOD shoulder toward the anchor. Stand far enough from the door that the band is just taut — no slack — when your hand rests on your belly button. Hold the band in the hand of your sore arm with a rolled towel tucked between that elbow and your ribs.

HOW MUCH

Start this in week 1 — the same week as Exercise 1, not after it. Begin with 2 sets of 10 and build to 3 sets of 15 over several weeks. Take 3 seconds out, hold 1 second, 3 seconds back. Do this 3 days a week with a rest day in between. Move up to the next band only when 3 sets of 15 feel easy AND your shoulder feels normal the next morning.

DO THIS

Start with your hand resting on your belly button, thumb pointing at the ceiling. Keeping your elbow glued to your side, slowly rotate your forearm outward like a gate swinging open — turn out until your forearm points straight ahead, then a little farther, until your hand is about a foot out from your belly button, just outside the line of your hip. Stop there. Pause, then let it come back just as slowly.

FORM CHECK

Your elbow is the hinge and it never leaves your ribs; your thumb stays pointed at the ceiling the whole way. Do not force your hand past that foot-out stopping point. If you find yourself twisting your body or leaning away from the anchor to finish a rep, the band is too heavy — go lighter. Small movement, no rush.

Seated Shoulder Blade Squeeze Row

Match the setup first. Then move slowly toward the end-position reference.

1 START / SETUP



MATCH THIS SETUP

2 END POSITION



MOVE TO HERE

WATCH THIS

Elbows stay **BELOW** shoulder height the whole time and stay close to your body — do not flare them out wide.

WHY IT HELPS

Strengthens your upper back so your shoulder blade shares the work instead of leaving all of it to the sore tendon.

SET UP

Do the same band check and door check as in Exercise 2. Anchor the band in front of you at about chest height when you are sitting — a foam door anchor closed in a latched door that opens away from you, or a sturdy stair railing or porch post. A doorknob works too; it sits lower, at about belt height, which is fine — just pull to your lower ribs the same way. Sit tall on a sturdy chair without arms, facing the anchor, both feet flat on the floor. Hold one end of the band in each hand with your arms straight out in front and your palms facing each other. (If your balance is steady and you would rather stand, you may — feet shoulder-width, knees softly bent.)

DO THIS

Pull your elbows straight back toward your ribs, like closing your elbows into your pockets, and squeeze your shoulder blades gently together and down at the same time. Hold the squeeze, then let your arms float slowly back out front.

HOW MUCH

2 sets of 10, building to 3 sets of 12. Pull back over 2 seconds, hold 2 seconds, return over 3 seconds. Do this 3 days a week, on the same days as the Band Rotation-Out, starting in week 1.

FORM CHECK

Elbows stay **BELOW** shoulder height the whole time and stay close to your body — do not flare them out wide. Squeeze the shoulder blades down and back, not up toward your ears; if your shoulders creep up, use a lighter band.

Cable Rotation-Out (Cable External Rotation)

Match the setup first. Then move slowly toward the end-position reference.

1 START / SETUP



MATCH THIS SETUP

2 END POSITION



MOVE TO HERE

WATCH THIS

This is a small movement.

WHY IT HELPS

The stronger, steadier version of your band exercise, so the tendon keeps building capacity as you get better.

SET UP

MACHINE: Adjustable cable machine (also called a cable column or functional trainer) with a single stirrup handle.

Set the pulley at belly-button height and clip on the single handle. Stand side-on so your GOOD shoulder is closest to the machine, about two feet away, and tuck a rolled towel between the elbow of your sore arm and your ribs. Reach across your body with the sore arm and take the handle.

HOW MUCH

3 sets of 10, 2 to 3 days a week. Do not start the gym versions before week 5, and only after the home band exercises have gone 2 to 3 weeks without a flare-up. On gym days, do these **INSTEAD** of the band version, not in addition. **Weight:** use the lightest setting on the stack. Many stacks start at 10 or 15 pounds, which is too heavy for this exercise at first, and some machines run a 2-to-1 pulley so the number on the plate is not what your hand feels. If the lightest plate feels heavy, or you cannot move slowly without your elbow leaving your ribs, skip the cable and keep using your band — that is not a step backward; the band works just as well. Add weight only after 3 sets of 12 feel easy and your shoulder is quiet the next morning.

DO THIS

Start with your hand on your belly button, thumb pointing at the ceiling. Keeping your elbow pressed into your side, rotate your forearm slowly outward — until your forearm points straight ahead, then a little farther, until your hand is about a foot out from your belly button, just outside the line of your hip. Stop there. Pause, then bring it back slowly under control.

FORM CHECK

This is a small movement. If you see the weight stack banging, your body twisting, or your elbow leaving your ribs, the weight is too heavy — drop it or go back to the band. If your gym has no adjustable cable machine, use your resistance band on the same schedule.

Cable Rotation-In (Cable Internal Rotation)

Match the setup first. Then move slowly toward the end-position reference.

1 START / SETUP



MATCH THIS SETUP

2 END POSITION



MOVE TO HERE

WATCH THIS

Do not let your hand travel past your belly button, and do not let it drift farther out than the starting spot at either end.

WHY IT HELPS

The muscle at the front of the shoulder (the subscapularis) is part of the rotator cuff too, and it works together with the muscles at the back to hold the joint steady. This keeps that side working while the rest of the cuff gets stronger.

SET UP

MACHINE: Adjustable cable machine (cable column or functional trainer) with a single stirrup handle.

Same pulley height — belly-button level. Turn around so your **SORE** shoulder is the one closest to the machine, standing about two feet away. Tuck the rolled towel between that elbow and your ribs. **Take the handle with your other hand first, pass it into your sore hand while your hand is near your belly, then let your arm turn slowly outward into the start position under control.** Never let the cable snap your arm outward.

HOW MUCH

3 sets of 10 to 12, 2 to 3 days a week, right after the Cable Rotation-Out. Start at the lightest setting on the stack. This direction is usually stronger, but keep it under about 10 pounds for your first month. On gym days these replace your home band work. **If you only have time for one cable exercise, do the Cable Rotation-Out.**

DO THIS

Start with your hand about a foot out from your belly button, just outside the line of your hip — the same spot where the Cable Rotation-Out ends. Do not let your arm turn out any farther than that. Keeping your elbow pinned to your side and your thumb at the ceiling, slowly pull your hand across toward your belly button. Touch your belly, pause, and let the handle draw your hand slowly back out to the starting spot.

FORM CHECK

Do not let your hand travel past your belly button, and do not let it drift farther out than the starting spot at either end. The elbow stays glued to the ribs, and your body does not turn to help. Get in and out of the start position slowly, with control.

Chest-Supported Row with a Shoulder Blade Squeeze

Match the setup first. Then move slowly toward the end-position reference.

1 START / SETUP



MATCH THIS SETUP

2 END POSITION



MOVE TO HERE

WATCH THIS

Elbows stay low and close to your sides — do not flare them out to shoulder height.

WHY IT HELPS

Builds the upper-back muscles that support your shoulder blade so your whole shoulder shares the load instead of the sore tendon carrying it alone.

SET UP

MACHINE: Chest-supported row machine — the seated row machine that has a padded chest rest in front of you. Use the narrow handles with your palms facing each other, not the wide bar. If your gym has no row machine with a chest pad, do your Seated Shoulder Blade Squeeze Row with the band instead — do not substitute the low seated cable row.

Sit with your hips back on the seat, both feet flat on the machine's foot platform, chest and lower ribs resting against the pad, back upright and long. Grip the narrow handles so your palms face each other at lower-chest height, thumbs up.

DO THIS

Pull your elbows straight back so your hands come to your lower ribs, squeezing your shoulder blades together and down. Pause for two seconds at the end, then let your arms straighten slowly forward, keeping your chest on the pad.

HOW MUCH

2 sets of 10, building to 3 sets of 12, 2 to 3 days a week. Pick a weight light enough that you can pause 2 full seconds on every single rep with no shrugging. This replaces the Seated Shoulder Blade Squeeze Row on gym days.

FORM CHECK

Elbows stay low and close to your sides — do not flare them out to shoulder height. Keep your chest on the pad the whole set; the pad is there so you cannot swing or rock. If you have to pull your chest off the pad to finish a rep, go lighter.

Do Not Do These

- **Do not start this program at all** if, in the last 3 months, you have had shoulder surgery, a shoulder that came out of joint (dislocated), or a broken bone in your arm, collarbone, or shoulder — or if you have been told you have a rotator cuff tendon that is torn all the way through — unless your doctor has specifically told you these exercises are right for you. These are for a strained or irritated cuff, and other problems need a different plan.
- **Do not start the band or cable exercises within a week of a cortisone shot in that shoulder.** Stick to the Doorway Press-Out for that week, then start back at half of what you were doing. The shot makes the shoulder feel better than it actually is, and pushing hard while it is numb is how people set themselves back.
- **No heavy or repeated lifting with a weight in your hand above shoulder height while the shoulder is sore** — the tendon cannot handle that load yet. Reaching overhead with nothing in your hand is fine and good for your shoulder; do it often. Once your shoulder is comfortable with everyday reaching, start reaching overhead empty-handed several times a day, then add something light — start with a can of soup.
- **No upright rows** (pulling a bar or dumbbells straight up under your chin) — this is the single most reliable way to strain a rotator cuff tendon, and there is no reason to do it. Use the row exercises above instead.
- **No overhead pressing while this is healing** — that means the military press (pressing a barbell straight overhead), any wide-grip overhead press, and anything pressed from behind your neck. It drives your arm bone straight up into the top of the shoulder under load.
- **No behind-the-neck lat pulldown** (the machine where you sit and pull a bar down from overhead) — pulling the bar behind your head puts the shoulder in its most vulnerable position. Pull to the front of your chest instead, with a light weight.
- **No dips** (holding yourself up on two bars, or on the edge of a bench, and lowering your body) — they load the front of the shoulder heavily at the bottom, where it is least protected.
- **No deep chest pressing or flying.** That means the chest fly machine (pec deck) taken all the way back, the bench press, and the seated chest press machine taken all the way down. Letting the bar, handles, or your chest travel back past the line of your chest strains the front of the shoulder. If you press at all, use a machine, keep your elbows below shoulder height and closer to your sides than flared wide, and stop when your hands are even with your chest. Same rule for push-ups: do them standing at a countertop, not on the floor, and do not let your chest drop below your hands.

Do Not Do These

- **No "empty can" raises** (lifting weights out to the side with your thumbs pointed down), and no lateral raises (lifting weights out to the sides), front raises, or overhead triceps work (holding a weight behind your head) while the shoulder is sore. Empty-can raises still show up in old handouts — they put the tendon in its worst position on purpose.
- **No "sleeper stretch"** (lying on the sore side and pushing that forearm down toward the floor). It is popular online, but it presses hard on the sore tendon in a lot of people. Use the Across-the-Chest Stretch instead.
- **No jerking, yanking, one-arm efforts** — pull-starting a lawn mower, hoisting a suitcase into a trunk with one arm, catching yourself hard on a grab bar. Use two arms and keep the load close to your body while this heals.
- **Do not sleep directly on the sore shoulder**, or with that arm up over your head. Lie on your back or your good side with a pillow hugged under the sore arm to support it.

Warning Signs and What to Do

- Your shoulder is getting **STIFFER** week by week, not just sore — you cannot turn your palm outward, or reach behind your back to a back pocket, as far as you could a month ago, even when someone else moves the arm for you. This may be a different problem called frozen shoulder, and these exercises are not the right treatment for it. **Call the office this week.**
- Chest pressure or tightness, pain in your jaw, neck, or **EITHER** arm or shoulder, shortness of breath, sweating, or nausea — especially if it comes on when you are active and eases when you rest. Shoulder and arm pain is sometimes a heart problem, not a shoulder problem. If you have diabetes, a heart problem may show up as only mild pressure, nausea, sweating, or being unusually short of breath, with little or no pain. **Call 911.**
- Your shoulder is hot, red, or swollen, or you have a fever or chills, or you just feel sick all over. Do not wait for a call back — a joint infection has to be treated the same day, and it is more dangerous if you have diabetes. **Go to the ER today.**
- An obvious change in the shape of your shoulder after an injury, or you cannot move the arm at all. **Go to the ER today.**
- You cannot lift your arm away from your side at all, or you can raise it with help but it drops when you try to lower it slowly. This can mean the tendon is torn all the way through and needs a scan. **Call the office today.**
- Sudden weakness right after a fall, a hard yank, or a pop you felt or heard in the shoulder. **Call the office today.**
- New weakness in your hand — you are dropping things, or you cannot grip or turn a key the way you could. **Call the office today.**
- Numbness or tingling in your hand or fingers, or pain that shoots down past your elbow. This can be coming from your neck rather than your shoulder and needs to be checked. **Call the office this week.**
- Pain at night that wakes you every night, is not helped by changing position or by over-the-counter pain medicine, and is not improving after 2 to 4 weeks. **Call the office this week.**
- Unexplained weight loss, or a personal history of cancer, along with shoulder pain that keeps getting worse. **Call the office this week.**

Warning Signs and What to Do

- Your pain or stiffness gets worse two weeks in a row, or there is no improvement at all after 6 weeks of doing these exercises as written. **Call the office this week.**

How to Adjust or Stop

- **Stop any exercise and sit down right away** if you feel dizzy, lightheaded, sweaty and clammy, sick to your stomach, unusually short of breath, or if your chest feels tight or your heart is racing or pounding. Do not finish the set. If chest pressure or shortness of breath does not pass in a few minutes, call 911.
- **Some ache is normal and is not doing damage.** During the exercise and for the rest of that day, shoulder pain up to about a 4 out of 10 is acceptable — as long as it settles back to your usual level by the next morning.
- **Sharp, stabbing, or catching pain means stop that exercise now.** That is the kind that makes you catch your breath or quit mid-rep. It is not pain to push through, and forcing a sore tendon through it slows your healing down.
- **If you wake up the next morning hurting more than usual, or the arm feels weaker,** cut the weight and the number of reps in half at your next session — and for the Doorway Press-Out, hold for half as long. Build back up over a week or two.
- **Judge this by the week, not by the day.** Your pain and stiffness should be trending better week over week. If they get worse two weeks in a row, stop the exercises and call the office.

When We Recheck Your Plan

- Give this program a full 12 weeks. Most people do not notice much change in the first 3 to 4 weeks, so do not judge it early. Come in for a recheck at 6 weeks — sooner if anything on the "Stop and get help" list happens, or if your pain and stiffness get worse two weeks in a row.