ROTATOR CUFF INJURIES When your mobility is not affected

HISTORY

The rotator cuff is responsible for movement at the shoulder joint. Causes include:

- Degenerative changes (age)
- Repetitive micro traumas during overhead movements (such as sports or work)
- Severe traumatic injury
- Family history
- Bone spurs in shoulder

SIGNS & SYMPTOMS

- Pain or ache in shoulder or upper arm
- Disturbed sleep due to discomfort
- Pain with overhead

<u>1) Pain Management</u>

Myofascial release is a selfmanagement technique that targets areas that are sore. Place a small hard ball against a wall and press it into areas of tightness, holding until the muscle releases. Move onto the next sore spot, being sure not to place the ball on your spine.

<u>2) Mobility</u>

The **sleeper stretch** is performed by placing your injured side against the wall with the shoulder and elbow at 90 degrees and the shoulder retracted. Gently press down with your other hand to feel a stretch in the back of the shoulder. Hold for 30 seconds and repeat 3 times.

<u>3) Strength</u>





- movements
- Muscle weakness in the shoulder
- Reduced mobility
- Difficulty pushing or lifting objects

<u>ANATOMY</u>

The rotator cuff consists of four muscles, and allow for movement and provide stability to the shoulder joint. They cross the shoulder joint, and injury can impair movement.

<u>Contact us</u>

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Banded rows improve the strength of the shoulder and upper back muscles. Secure a resistance band around something, and hold one end of the band in each hand. Stand tall, and pull the handles back until they are by your side. Keep the elbows close to the body while you do this. Release slowly, and repeat this 10 times for 3 sets.

<u>4) Functional/Sport</u>

90/90 inverted kettle bell carry can be performed lifting the kettlebell with your elbow and shoulder at 90 degrees. Keep the shoulder neutral (shoulders back) and maintain this position while you walk with the weight. Perform 3 times until fatigue.



