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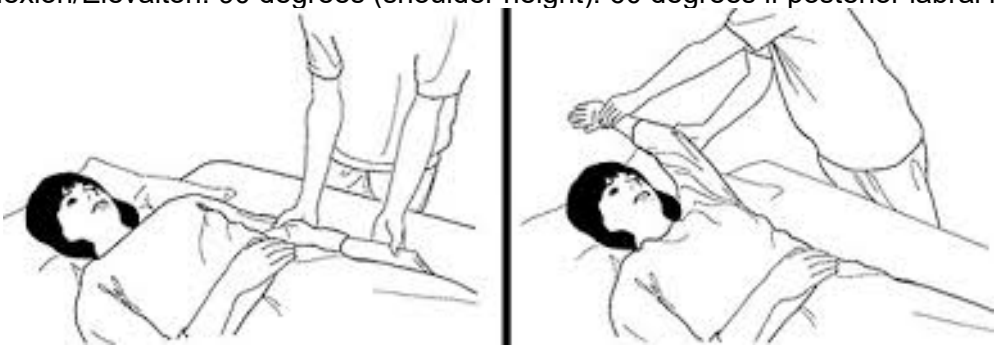
Early Passive Motion After Shoulder Surgery

BACKGROUND

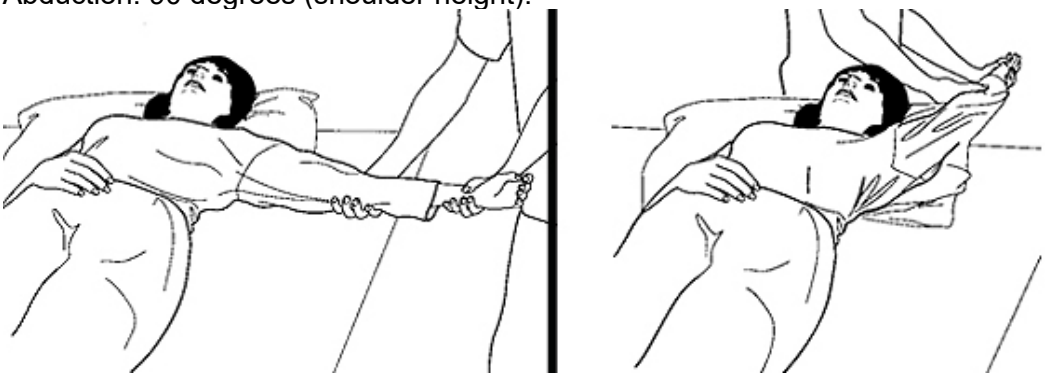
Passive motion involves someone else moving the affected arm through the motion described. Or, in the case of elbow flexion/extension, you can use your opposite (non-affected arm) to move through the motion. Do **5 repetitions** of each stretch **3-4 times per day**. When you feel a slight 'tightness' with your arm in the position diagrammed, **hold that position for 30 seconds**. Do not stretch beyond the maximum motion limits until instructed by Dr. Schuette. If lying down is difficult, the stretches can be done while seated.

STRETCHING PROTOCOL

Shoulder Flexion/Elevation
Support arm at the wrist and elbow. With the thumb pointed forward, gently bring the arm up and forward then back to the side.
Maximum Flexion/Elevaiton: 90 degrees (shoulder height). 60 degrees if posterior labral repair.



Shoulder Abduction
Support arm at wrist and elbow. With the thumb pointed away from the body and palm up, gently bring the arm out to the side.
Maximum Abduction: 90 degrees (shoulder height).

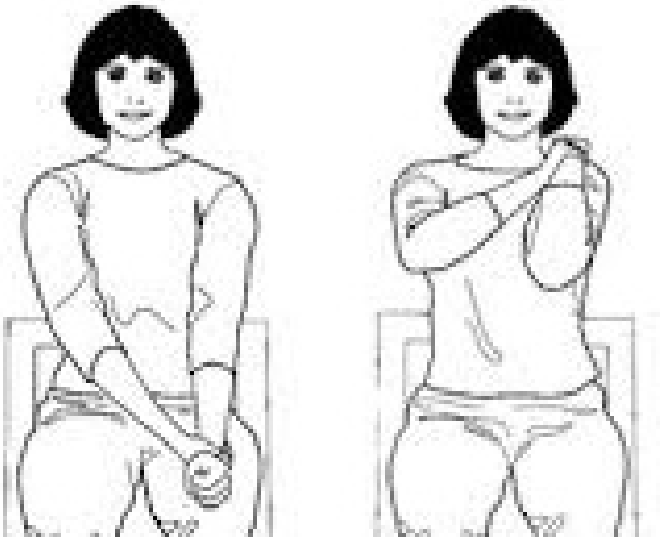


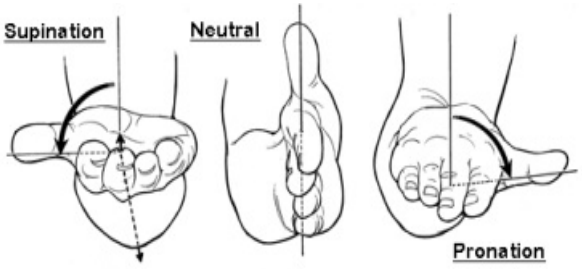
Shoulder Internal/External Rotation

Support arm at wrist and elbow. With the elbow at the side and bent to a 90-degree angle, **gently** rotate the hand away from the body down toward the table the individual is lying on.
Maximum Internal Rotation: to abdomen. 0 degrees (straight in front) if posterior labral repair.
Maximum External Rotation: 30 degrees. Please note, the picture below (right) demonstrates 90 degrees of external rotation.

Elbow Flexion/Extension

Grasp the wrist of your affected arm with your unaffected hand. With your affected elbow against your side and your palm up, gently bend and straighten your elbow.



Forearm Pronation/Supination

With your elbow and forearm supported on a table, gently turn forearm so your palm is down, then turn forearm so your palm is up. This can be done actively (without assistance from your other hand).