

Frozen shoulder

Move slowly and stay in a range that feels comfortable. Mild stretch or effort is fine; sharp pain is a signal to stop.

Name: _____

How often: _____

Clinician: _____



1. Extended exhale breathing

2 to 3 minutes

1. Settle into any position you can stay in comfortably
2. Breathe in through your nose for a count of four
3. Breathe out for a count of six to eight
4. Let the pause happen at the end of the exhale



2. Cat-cow, seated chair

8 slow rounds

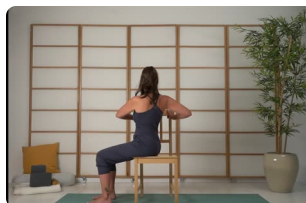
1. Sit forward on the chair with both feet flat
2. Rest your hands on your knees
3. Breathe in and roll the pelvis forward
4. Breathe out and roll the pelvis the other way



3. External rotation isometric at the wall

Hold 10 seconds, 5 times, gently

1. Stand side on to a wall with that elbow bent
2. Tuck that elbow in against your side
3. Press the back of your hand into the wall
4. Then release, then change sides



4. Supine twist, seated chair

5 each side, small range

1. Sit tall towards the front of the chair
2. Turn slowly towards one side from your middle back
3. Let your head follow last
4. Rest your hands lightly, do not pull yourself round

THE GUIDANCE BEHIND THESE MOVEMENTS

- Shoulder Pain and Mobility Deficits: Adhesive Capsulitis, clinical practice guideline, Orthopaedic Section APTA (JOSPT 43(5), 2013). Stages one and two reflect synovitis and stages three and four capsular contracture; high-intensity stretching in the early stages is contraindicated, and intervention intensity is matched to irritability.
- Kelley et al., frozen shoulder: evidence and a proposed model guiding rehabilitation (JOSPT 2009). Proposes matching exercise and manual technique intensity to the patient's irritability level, progressing as irritability reduces.



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Move within a range that stays comfortable. Stop if this brings on sharp pain, dizziness, or symptoms that travel down an arm or a leg, and speak to a clinician before repeating it. Free to print and share: vinys.app/for-clinicians