



Shoulder **STRONG**

DIY SHOULDER REHAB

Chapter 1: Steve's Story & The Bigger Picture



Meet Steve. A busy professional and family man who battled unpredictable shoulder pain for over a year. He struggled to find time for exercise and couldn't identify specific triggers. Working in an office while managing a small team of seven meant long hours of sitting, limited movement, and high levels of responsibility. The one joy he had — playing basketball with friends — became impossible due to the pain that flared up during and after games. Sound familiar?

Encouraged by a friend, Steve sought help. Initially, the solutions provided weren't as effective as he had hoped. What finally worked was developing a better understanding of how his body moved, identifying the true sources of his pain, and applying strategies tailored to his lifestyle. This book is designed to help you do exactly that — understand your shoulder pain and give you the tools to resolve it. We'll walk you through the science, the strategy, and the self-awareness you need to move forward confidently.

You'll learn:

- Why shoulder pain returns even after treatment
- What pain really means — and how it's not always about damage
- How to identify hidden causes of shoulder dysfunction
- How to perform a self-assessment
- How to develop a custom recovery plan tailored to your body and lifestyle

If you've tried rest, band exercises, or random stretches with no long-term success, this guide is for you. Our approach is evidence-informed, movement-based, and built around your life — not just your injury.



Chapter 2: Understanding Your Shoulder Pain

After two weeks of gradually building pain, Steve finally left his Friday pickup basketball game early — something he never did before. A friend gave him a physiotherapist's contact, but before his appointment, Steve's doctor ordered an X-ray and ultrasound. The diagnosis read: "biceps tenosynovitis, rotator cuff calcific tendinosis, and subacromial bursitis." While these medical terms may sound intimidating, they are fairly common findings — and often not the true source of long-standing shoulder pain.

When Steve saw the physiotherapist, a thorough assessment followed. The therapist asked detailed questions about Steve's symptoms, triggers, and day-to-day movements. It was during this session that real clarity began.



What Steve Learned (VERY IMPORTANT):

Pain is not just a physical issue — it's a signal from your nervous system that something feels threatening. This could stem from overuse, inflammation, stress, or even poor sleep. Sometimes pain occurs even when no tissue damage is present.

Consider a construction worker who once stepped on a 10-inch nail. He was in severe pain, but at the hospital, they discovered the nail had gone between his toes without piercing the skin. Pain is real — but it isn't always an accurate measurement of damage.

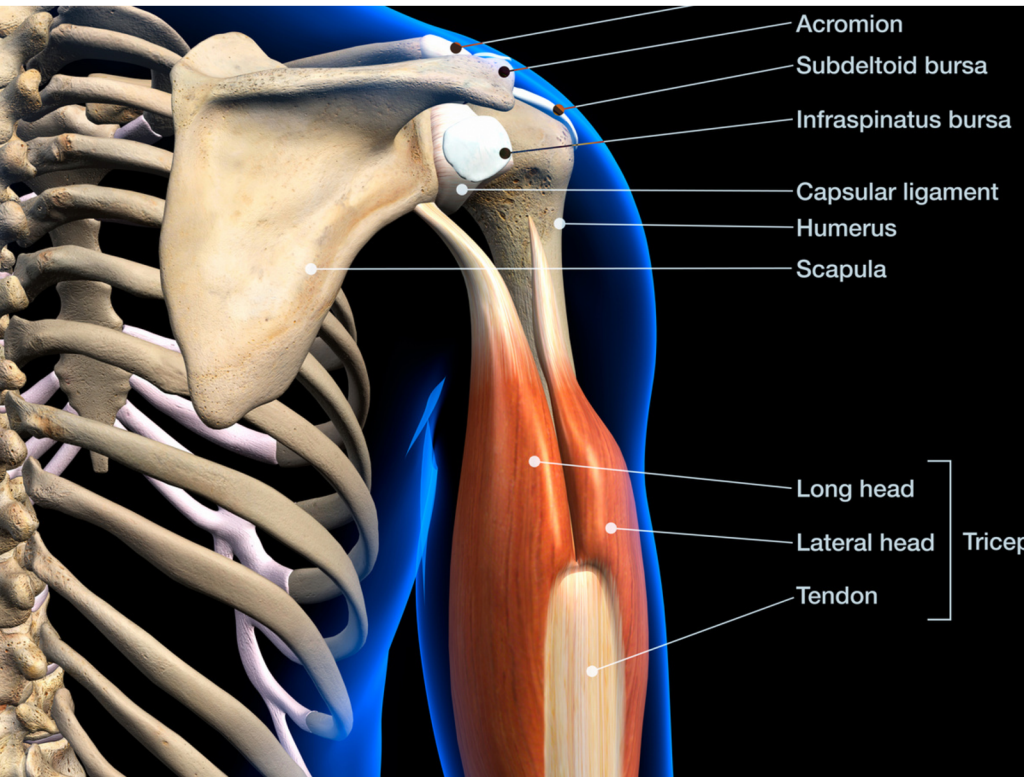


Here are some common clinical causes of shoulder pain:

- Impingement from poor shoulder mechanics
- Tendon overload from repetitive strain
- Scapular dysfunction (weak or unstable shoulder blade)
- Instability or lack of control from the rotator cuff
- Partial tendon tears

Modern life contributes to these issues. Long hours at a desk, screen time, and lack of daily movement create muscular imbalances that leave shoulders vulnerable.

Over 40% of my patients present with shoulder pain related to these habits — most of which are preventable with post variance in posture and consistent mobility work.



Ask yourself:

- **Where is your pain located?**
- **What type of sensation is it — sharp, dull, burning?**
- **What time of day is it worst?**
- **What activities aggravate or relieves it?**

Answering these questions begins the process of decoding your pain and guiding your path to recovery.



Chapter 3: The Stress-Recovery Equation

Pain isn't just about what you did to your shoulder — it's about your entire system. Emotional stress, poor sleep, low energy availability, and mental overload can all increase your body's sensitivity to pain.

Your nervous system doesn't differentiate between physical and emotional stress. It simply adds all stressors together and determines whether your body has the capacity to handle any additional load. If your recovery is poor, even mild activity can provoke a pain response. In fact, recent studies show that the only factor consistently associated with **increased injury risk** is poor sleep. When your sleep is inadequate, your body's ability to repair tissues, regulate inflammation, and manage pain perception is significantly reduced. This means even a perfectly structured rehab plan may be ineffective without proper rest and recovery.

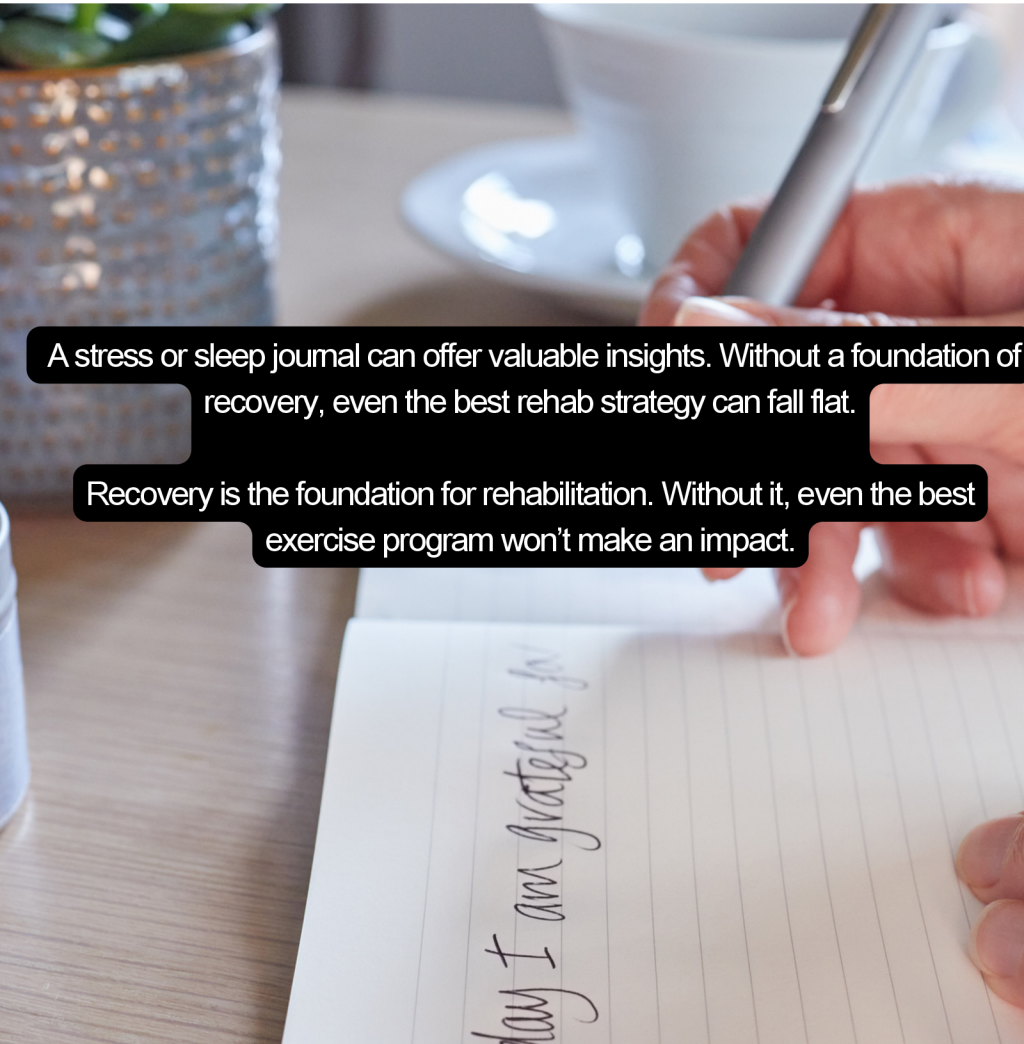
Steve's situation is a perfect example. He was under significant pressure at work, having lost two team members and recently having to let another go. His son was struggling with separation anxiety, and his wife had some ongoing health issues. This left Steve working longer hours, sitting more, and sleeping less. He had tried melatonin and meditation to improve sleep, but he still woke up tired. This combination of stress and inactivity created the perfect storm for pain.

Take time to reflect on the following:

What mental, emotional, and physical stressors are present in your life?

How is your sleep quality and consistency?

Do your current routines allow time for recovery and movement?

A close-up photograph of a person's hand holding a silver pen, poised to write on a lined notebook. In the background, a white coffee cup sits on a saucer, and a glass with a textured pattern is visible on the left. The scene is set on a wooden table.

A stress or sleep journal can offer valuable insights. Without a foundation of recovery, even the best rehab strategy can fall flat.

Recovery is the foundation for rehabilitation. Without it, even the best exercise program won't make an impact.

day I am grateful for

Chapter 4: The Theory of Regional Interdependence

The shoulder doesn't function in isolation; it's part of an interconnected chain. When one link in that chain becomes restricted, weak, or overworked, the shoulder is often the structure that ends up compensating — and suffering.

The theory of regional interdependence explains that specific regions of the body are meant either to provide mobility or to offer stability. When a region meant for mobility, such as the thoracic spine becomes stiff or limited, the shoulder blade positioning and mechanics are impacted causing limitations. This compensation leads to overuse, increased strain, and inefficient movement patterns that can cause or worsen pain.

“You’re treating the shoulder, but the problem could be upstream.”

Improving these neighboring areas is often what transforms short-term relief into long-term success.

Some key contributors to shoulder dysfunction include:

- **Thoracic Spine:** Poor mobility in your upper back restricts scapular movement and compromises overhead motion.
- **Scapula:** The shoulder blade must glide, tilt, and rotate freely. Dysfunction in these movements — often due to weak stabilizers — affects shoulder mechanics.
- **Rotator Cuff:** These deep stabilizers maintain the central alignment of the shoulder joint. Weakness here can lead to instability and pain during activity.
- **Pelvis and Hips:** Poor posture or core control from below alters body alignment, affecting shoulder movement patterns.
- **Neck:** Misalignment or tightness in the cervical spine can impact shoulder movement and contribute to referred pain.

Chapter 5: The Movement Audit

THINK OF YOUR DAY AS A GAME SPLIT
INTO FOUR QUARTERS.

Before you can fix what's wrong, you need to understand how your body behaves throughout the day. That's where the movement audit comes in.

Start by dividing your day into four quarters:

1. Wake to Noon
2. Noon to 4 PM
3. 4 PM to 8 PM
4. 8 PM to Bedtime





For each time block, ask yourself:

- What posture dominates this time frame?
- Are you mostly sitting, standing, walking, or doing repetitive motions?
- Are there frequent overhead movements or heavy loads being carried?
- how your shoulder feels during and after each segment. Are you stiffer in the evening?
- Do you wake up with pain after sleeping in one position
- Are certain tasks at work repeatedly irritating your shoulder?

This audit will help you spot patterns and recognize environmental or behavioural contributors to your pain. Awareness is the first step toward meaningful change.

Chapter 6: Shoulder-Specific Self-Assessments

While a professional assessment is ideal, you can learn a lot by testing your own posture, mobility, and control.

Postural Review:

- Stand in front of a mirror or take a photo from the front and side.
- Observe your shoulder height and symmetry.
- Note if one shoulder is higher than the other
- Make note if your palms face backward at rest
- Look for rounded shoulders, forward head posture, or a protruding shoulder joint.



Mobility Check: Spine and Shoulder Blade

- Neck Range of Motion: Assess for stiffness and pain.
 - Flexion/Extension - up and down
 - Rotation - Look left and right
 - Side bend - Side to side (ear in direction of shoulder)
- Tragus to Wall Test: Measures forward head posture by checking how far your ear is from the wall when your back is against it. Your head should in line with the base of your neck.
- Thoracic Mobility: Seated arms crossed in front of chest, turn your upper body to look behind you.
- Scapular Motion: Protract by separating your shoulder blades away from spine, retract them by bringing them closer together, and rotate them by bringing the outer point behind your ear on that side.

Shoulder Mobility: 5 Movements to check

Assess flexion, abduction, external and internal rotation both actively and with assistance (using a wand or wall).

Flexion: Raise your arm straight in front of you and all the way up. Make note of what you feel and when you feel it. Also make note of how high you can get it up.

Extension: Move your arm back behind you as far as you can.

Abduction: Raise your arm out to the side and up all the way. Make note of how high you get it up and if/when you feel anything.

External Rotation: Can you get your arm up and behind your head as if you are trying to scratch the back of your head?

Internal Rotation: Can you get your hand behind your back as if you are scratching your back or unclipping a bra?

Make note of what you feel, your quality of movement (smooth or shaky?) and quantity of movement.

5 Step Shoulder Movement Check

1.

Move your shoulder in all 5 directions

2.

Make note of movements you cannot fully complete, is there pain?

3.

Move your shoulder assisted using a stick, wall and towel.

4.

Make note of movements you cannot fully complete, is there pain?

5.

Against a wall/unmovable surface, perform all five movements overcoming resistance isometrically. This allows you to test the muscles to see if they are weak and cause pain.

Movement Check Outcome:

- If you are unable to move through full range due to pain and weakness, you likely have contractile tissue inflammation or minor injury.
- If you can move through full range with some pain, you likely have sensitivity in the tissue or joint. Such as a tendinitis or impingement. There may be a mechanical fault.
- If you cannot move the arm through range but are not feeling any pain, just weakness, you likely have a muscle imbalance or muscle recruitment problem.
- If mobility is full in all movements, but when a weight is held, the mobility results change, then it may be due to a dynamic instability concern. The muscles that stabilize the joint while the arm moves are not doing their job

Scapular/Shoulder Blade Strength Tests:

- Perform prone Y and T raises to assess some of your scapular stabilizers (low and middle trap)
- Scapular winging test for another scapular stabilizer (serratus anterior)
- Try wall slides and reach tests to evaluate shoulder blade movement and compensation in motion.

Track your results:

Combine results from all aspects of the assessment

1. Behavioural Audit
2. Pain Pattern
3. Posture assessment
4. Spine and Shoulder Blade Mobility
5. Shoulder Mobility and Strength
6. Scapular strength/stability

Outcome: Development of a problem list

Chapter 7: Building Your Problem List

Once you've completed your self-assessments, it's time to create a list of your shoulder's biggest issues. This list will serve as your rehab roadmap. Focus on the top two to three dysfunctions you've identified — don't try to fix everything at once.

Examples might include:

- Limited thoracic extension (Upper Back) leading to restricted overhead reach
- Weak lower trapezius (Shoulder Blade) muscles contributing to poor scapular control
- Rotator cuff endurance issues causing pain during repetitive motion
- Stiff internal rotators preventing normal arm movement

This focused problem list allows you to prioritize what to work on and ensures your rehab is specific to your needs. Clarity creates consistency.

Chapter 8: Creating Your Plan of Action

Now that you know your problem areas, it's time to build a simple and realistic plan to correct them.

Step 1: Behavioral Movement Modification

Start with your daily habits. Adjust your desk setup, standing posture, and sleeping position. Incorporate hourly micro-movements such as scapular squeezes or shoulder blade rolls to reduce stiffness and improve joint awareness.

Step 2: Re-Train Control and Stability

Focus on building movement quality. Practice slow and controlled movements that target your shoulder blade and rotator cuff. Use light resistance and prioritize form over fatigue.



WHAT'S
YOUR
STRATEGY?

Step 3: Load Intelligently

Begin strengthening the weak links in your kinetic chain. Aim for 2–3 sessions per week targeting the scapular stabilizers and rotator cuff. Avoid painful exercises. Start with manageable resistance and progress slowly.

Step 4: Track Your Progress

Use a notebook, spreadsheet, or digital app to log key details: pain levels, reps and sets, range of motion, and subjective shoulder function. This helps you monitor changes and stay accountable.

You don't need 20 exercises — just the right 3 or 4 applied consistently.



Based on these findings, Steve's program was structured to improve upper back mobility while building control and strength in his scapular stabilizers. Here's how his weekly protocol looked:

Daily (5–10 minutes):

- Foam roller thoracic extensions and cat-cow variations
- Doorway pec stretch and wall lat opener
- Seated thoracic rotations and deep breathing

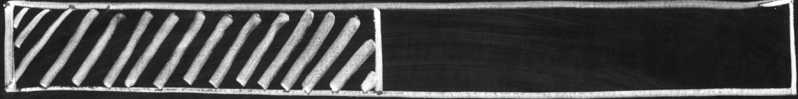
Daily (non-fatiguing activation):

- Wall push-up plus for serratus engagement
- Scapular clocks and wall slides
- Supine scapular setting with band

2–3x/Week (30 minutes):

- Strength sessions focused on:
 - Prone Y and T raises for lower trap recruitment
 - Banded external rotation with towel roll
 - Farmer's carries for scapular endurance
 - Incline push-up progression for controlled loading

PROGRESS...



Each week, Steve tracked his range of motion, discomfort level, and muscle fatigue to ensure steady progress. By the end of four weeks, Steve had regained nearly full overhead motion with reduced pain and increased control during daily tasks and basketball drills.

Consistency and gradual progression were key. This case reinforces the idea that showing up daily with the right intent can lead to lasting shoulder resilience.

Chapter 10: Final Thoughts + Your Next Step

You now have a complete framework to better understand, assess, and manage your shoulder pain:

1. Understand your pain
2. Audit your movement patterns
3. Perform a structured self-assessment
4. Build a focused problem list
5. Apply a targeted recovery plan
6. Track your progress with consistency

If you're ready for more structure and support, consider joining our 4-Week Shoulder Pain Course. Inside, you'll receive:

- Full video-guided assessments
- Weekly progression workouts
- Personalized email check-ins
- Access to our coaching team for feedback and accountability