Appendix 1. Physiotherapy programme [posted as supplied by author]

Mobilisation Techniques

Thoracic spine: **1.** extension mobilisation or manipulation

Acromioclavicular joint: 2. anteroposterior (AP) mobilisation

3. rotation mobilisation

Glenohumeral: 4. Superior glenohumeral ligament

- 30° abduction, lateral rotation (LR), longitudinal caudad

mobilisation

5. Inferior glenohumeral ligament

- 90° abduction, longitudinal caudad mobilisation with varying

degrees lateral rotation

6. Posterior capsule

AP mobilisation, neutral to 90° abduction, with varying degrees

medial rotation (MR)

Exercises & Stretches

Early stage rehabilitation

1. pendular exercises +/- hand weight to give distraction

- 2. active assisted range of movement exercises in pain-free range
- 3. active scapula exercises all planes of movement
- 4. middle/lower trapezius exercises. Scapula setting in prone or sitting
- 5. isometric LR. Varying degrees abduction.
- 6. active/passive thoracic extension

Middle stage rehabilitation

- 7. Weight bearing through hands in standing or 4 point kneeling + scapula pro/retraction
- 8. Supine or prone. scapula plane LR/MR in 90° abduction
- **9.** Scapular stabilisation programme: Dissociation exercises for elevation/abduction with scapula set
- 10. Core stability. Transversus abdominis.
- **11.** LR with light weight to end of pain free range. In varying degrees abduction/elevation (30-90°) as pain allows.
- 12. Elevation with posterior cuff facilitation with theraband
- 13. Subscapularis hand behind back lift off in prone

Late stage rehabilitation

- **14.** Theraband LR in neutral, progressed with increasing abduction/elevation
- 15. Theraband forward punch
- 16. Proprioceptive neuromuscular pattern exercises
- 17. Subscapularis hand behind back pushing against wall.

Stretches

- 18. levator scapulae
- 19. posterior capsule
- 20. anterior capsule; stretches into lateral rotation
- 21. rhomboids
- 22. pectoralis minor
- 23. biceps