

**Exercise Rehabilitation Plan**

**Patient Name:**

**Date:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Exercise** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |

**Shoulder Posture Rehabilitation Sheet**

1. Use the following table to create a weekly plan
2. Use the following table to tick off when you have completed your exercises

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Week 1** |  |  |  |  |  |  |  |
| **Week 2** |  |  |  |  |  |  |  |
| **Week 3** |  |  |  |  |  |  |  |
| **Week 4** |  |  |  |  |  |  |  |
| **Week 5** |  |  |  |  |  |  |  |
| **Week 5** |  |  |  |  |  |  |  |

**Notes:
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Door Frame Stretch Reps\_\_\_\_\_\_\_\_\_ Sets\_\_\_\_\_\_\_\_\_**

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* Hold for 30 secs
* Repeat 3 times
* Alter positioning of arm *(see additional image)*

**Wall angels Reps\_\_\_\_\_\_\_\_\_ Sets\_\_\_\_\_\_\_\_\_**

* Slow and controlled
* Keep as much of your body in contact with surface
* Can be done on the floor or against wall
* Add bolster or foam roller (see second image)

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**Y, T, W, L exercises Reps\_\_\_\_\_\_\_\_\_ Sets\_\_\_\_\_\_\_\_\_**

* Use exercise ball, bench or bed
* Add weights to add resistance
*(dumbbells, filled bottles, tin of beans!)*
* Maintain scapular position (squeeze together)
* Slow and controlled **--------------------------------------------------------------------------------------------------------------------------------------**

**Lawn mower mobility exercise Reps\_\_\_\_\_\_\_\_ Sets\_\_\_\_\_\_\_\_\_**

* Can be done using a weighted object instead of resistance band
* Slow and controlled

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Low row scapular exercises (see variations) Reps\_\_\_\_\_\_\_\_ Sets\_\_\_\_\_\_\_\_\_**

