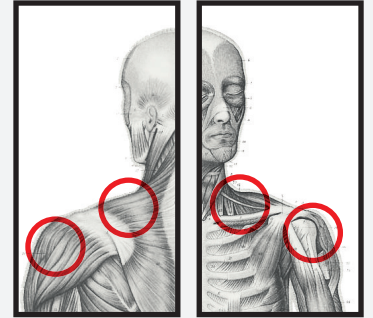
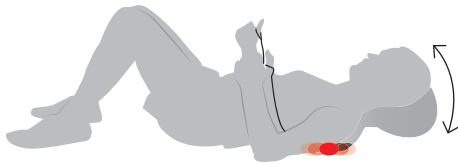


USE re+ TOOLS TO REDUCE YOUR SHOULDER PAIN.

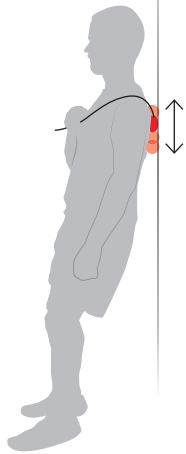


RELEASE TECHNIQUES

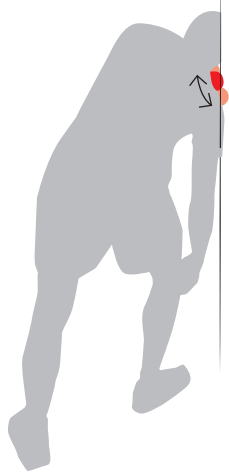
Spine roll



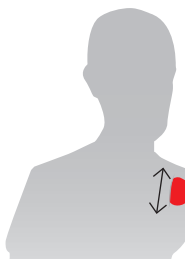
Back shoulder roll



Upper shoulder roll

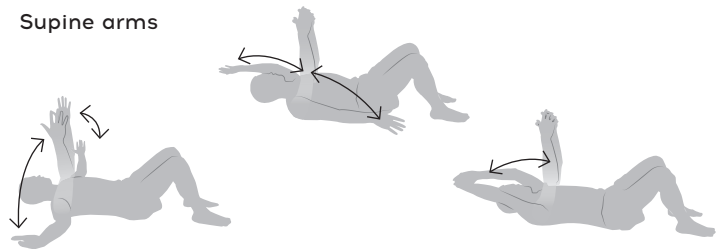


Pec roll

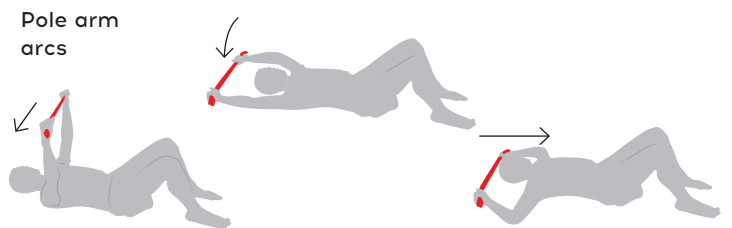


STRENGTHEN TECHNIQUES

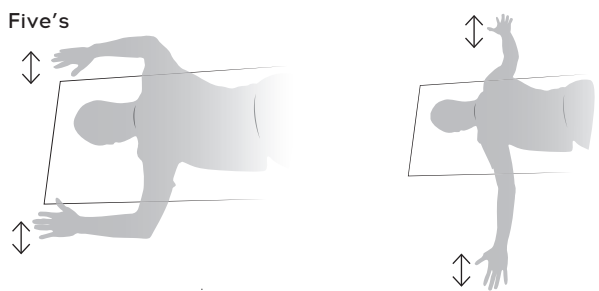
Supine arms



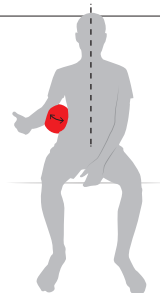
Pole arm arcs



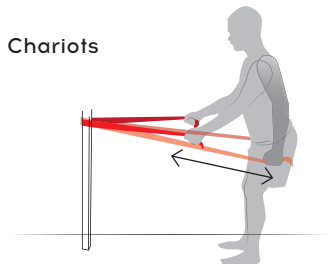
Five's



Scap squeeze



Chariots



Check out our website for detailed instructions and videos.
 This program is aimed to supplement the specific advice given to you by your experienced clinician.
 If pain increases with any activity, stop and see your professional!

USE rechargeclass AS PART OF YOUR RECOVERY.

We recommend these tools



DOUBLAR



SOLO



EAGLE



BIRDIE

Our shoulders are highly mobile and inherently unstable compared to our other joints. The complex interaction of muscles, connective tissue and joints create a situation where multiple problems can occur due to anatomical and biomechanical issues. Shoulder impingement, for example, can be caused by nine separate conditions. This highlights the importance of an accurate diagnosis so your treatment can be targeted and your results lasting.

Shoulder impingement

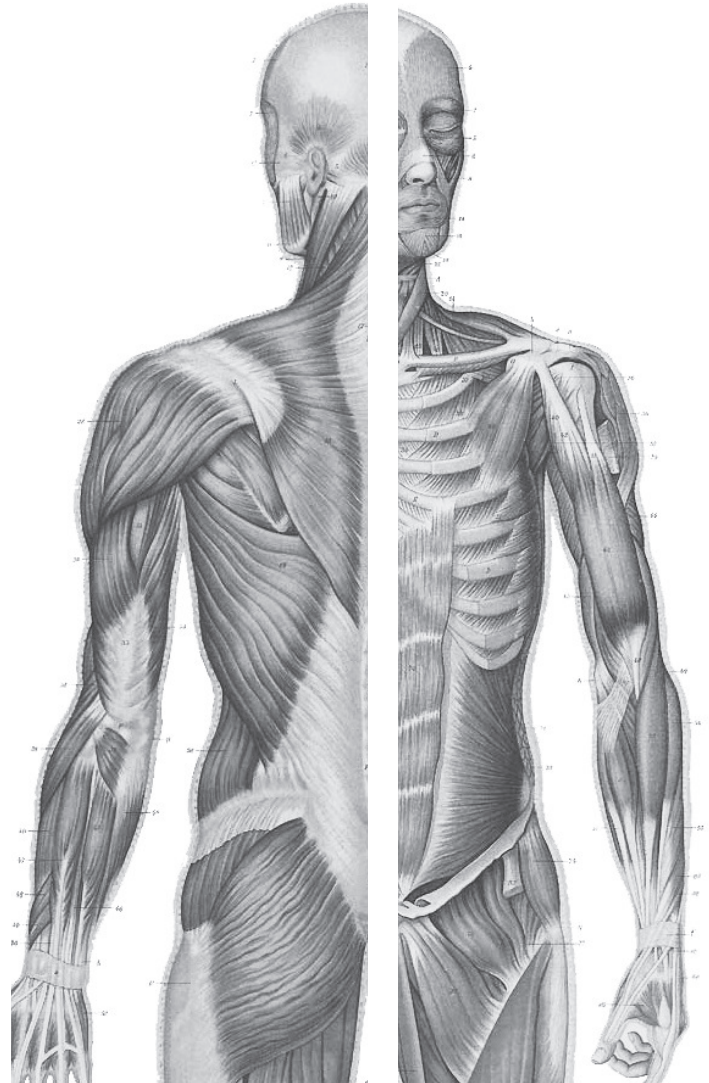
The common clinical sign of shoulder impingement appears when pain is present at the front of the shoulder due to reduced space between two of the shoulder joints (acromioclavicular and glenohumeral joints). A frequent presentation is due to imbalances in muscles surrounding these joints. Weakness of the serratus anterior and rotator cuff muscles can sometimes be due to overworking. Tightness of the larger deltoid and even pectoralis minor can overpower the weaker musculature. Anatomical issues can exacerbate the situation and need to be assessed.

Rotator cuff tendinopathy

Either separately or alongside anatomical differences, overuse of the rotator cuff muscles (often supraspinatus) can create swelling and alter the structure of the tendon. In some cases, this swelling, or other muscle hypertrophy in the supraspinatus or deltoid, can reduce the space below the acromium. This leads to weakness and pain.

What relieves it?

Work with your health professional to ensure your diagnosis is accurate and complete. Ensure that both anatomical and biomechanical aspects of your condition have been considered as an understanding of both is required for long-lasting changes. Address the muscular imbalances that currently exist, and work towards an even scapular movement during your full range of shoulder motion. Do not sacrifice good form for load. Postural issues beyond the shoulder, such as pelvis and thoracic spine position, can also affect how we use our shoulders. As such, postural retraining can be an important component to rehabilitation.



Release and Mobilise

These are passive changes applied to your tissue. That is, you apply a force to relaxed tissue and the tissue changes on its own. That change may be in relation to the length of the muscle, such as treating trigger points (**release**) or the movement of the joint (**mobilise**).

Activate and Strengthen

These are active changes applied to your tissue. That is, the muscle we want to change does all the work. We sometimes need to use a small and subtle contraction to 'wake up' the neural pathway to that muscle (**activate**) before we can adequately add more power (**strengthen**).