

FROZEN SHOULDER

Home Stretching Program



Stanford
MEDICINE

Key Principles

Stretch to the point where you feel a stretch, not to the point of significant or lasting pain. If you feel a significant amount of soreness after stretching, dial back the intensity but maintain consistency. **Being consistent matters far more than the intensity of the session.**

Short sessions several times a day do more than one long aggressive session which may flare symptoms and set you back.

Motion is the priority before strength and strengthening is added progressively once motion is improving and pain has settled.

YOUR HOME PROGRAM

Your opposite arm is the best therapist your stiff shoulder has. It is always available and it can feel exactly how much stretch you are applying.

Aim to perform the sequence below **three times per day**, about 10 to 15 minutes each session. Stretching is easiest right after a hot shower, a bath or aerobic exercise when the tissues are warm. For each stretch, begin by holding for 10 seconds and work up over time to holding for a slow count of 100. Repeat each one three times.

What you need:

- ☐ Light stick or cane ☐ Small towel ☐ Sturdy chair or table

1 STRETCHES

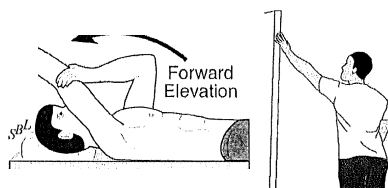
three times per day



1 Pendulum

10 circles each direction to start each session

Lean forward with support from a table or chair and let the arm hang relaxed. Use your body to swing the arm in gentle circles. The shoulder muscles should stay relaxed throughout.

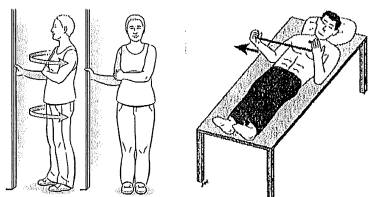


2 Assisted forward elevation

Build from 10 seconds to a count of 100 · 3 sets

Lie flat on your back and grasp the wrist of the stiff arm with the opposite hand. Use the good arm to bring the stiff arm up overhead as far as is comfortable. Breathe slowly and let the shoulder relax.

Alternatives - Walk your hand up a wall, or sit at a table and slide the arm forward while leaning in feeling the stretch.



3 Door frame external rotation

Build from 10 seconds to a count of 100 · 3 sets

Hold a fixed object such as a door frame with the elbow at your side, then gently turn your body away. Place a rolled towel between the elbow and your side to keep the elbow from drifting outward.

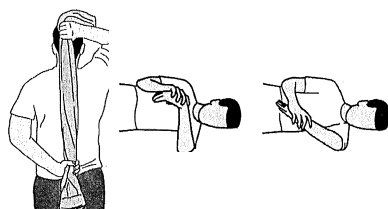
Alternative - Lie on your back and use a cane in the opposite hand to push the forearm outward.



4 Cross-body stretch

Build from 10 seconds to a count of 100 · 3 sets

Reach the stiff arm across your chest toward the opposite shoulder. Grasp the elbow with the opposite hand and pull it across. Start lower on the chest and work the arm higher toward the neck as motion improves.



5 Internal rotation behind the back

Build from 10 seconds to a count of 100 · 3 sets

Hold a towel behind your back with both hands, the good hand above and the stiff hand below. Use the good shoulder to pull the towel upward, drawing the stiff hand up your back.

Alternative - The sleeper stretch. Lie on the stiff side with that arm straight out in front of you at shoulder height and the elbow bent to 90 degrees, fingers pointing up. Use the other hand to gently push the forearm down toward the bed until you feel a stretch at the back of the shoulder. Do not bend or press down on the wrist.

Stay Generally Active

Alongside the stretches, aim for about **half an hour of aerobic exercise** most days. Walking, cycling, swimming or an elliptical all work. Keeping the whole body moving helps the joints stay supple and aid in recovery. Use the shoulder normally within the range that is comfortable and avoid activities that clearly provoke pain.

What to Expect, and When to Call

First 2 months

Patience is key, change may not be noticeable yet

After 2 months

Improvement usually starts to build

Start 1 mo 2 mo 3 mo 4 mo Ongoing

This takes time and consistency. The single most important thing is **stretching to the point of resistance, every day, over months**. Stretching further than that does not speed things up and usually sets you back. Mild soreness that settles within 30 to 45 minutes is fine. Pain that lingers for hours or steadily worsens over a week means you are pushing too hard.

Improvement is often not noticeable for the first two months. That is normal and is not a reason to stop. Mild pain relievers such as acetaminophen or anti-inflammatories can help if tolerated. Narcotic medication, muscle relaxants, and sleeping pills have not been helpful for this problem.

Most patients improve substantially, though **some are left with a degree of stiffness** at the extremes of motion. Roughly one in four people who develop a frozen shoulder go on to develop one in the other shoulder, so it is worth telling us if the other side starts to stiffen.

Call the office if you develop new numbness or weakness in the arm or hand, fever, redness, or a sudden loss of motion after an injury.

Exercise Log

Week	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Pain 0–10
1	□□□	□□□	□□□	□□□	□□□	□□□	□□□	
2	□□□	□□□	□□□	□□□	□□□	□□□	□□□	
3	□□□	□□□	□□□	□□□	□□□	□□□	□□□	
4	□□□	□□□	□□□	□□□	□□□	□□□	□□□	
5	□□□	□□□	□□□	□□□	□□□	□□□	□□□	
6	□□□	□□□	□□□	□□□	□□□	□□□	□□□	
7	□□□	□□□	□□□	□□□	□□□	□□□	□□□	
8	□□□	□□□	□□□	□□□	□□□	□□□	□□□	
9	□□□	□□□	□□□	□□□	□□□	□□□	□□□	
10	□□□	□□□	□□□	□□□	□□□	□□□	□□□	

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Sports Medicine and Shoulder Surgery



Dr. Sailesh Tummala is an orthopaedic surgeon at Stanford Health Care and a clinical assistant professor at Stanford University School of Medicine with fellowship training in sports medicine and shoulder surgery. A former collegiate basketball player, he cares for athletes and active patients of all ages and emphasizes nonoperative care while also offering minimally invasive and complex reconstructive surgery. He has authored more than 100 peer-reviewed papers and has received grant funding for his research. He assists with teams at all levels across the Bay Area, including the Stanford men's basketball and football teams.



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