



**Mountain Land**  
PHYSICAL THERAPY

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# NON SURGICAL SHOULDER

JOSEPH SCHETTLE, PT, DPT

# SHOULDER THERAPY

According to the NIH, 1 in 4 people will have shoulder pain over their lifetime, and with shoulder surgeries exceeding 500,000 per year in the US, this physical therapy program aims to restore function to the shoulder before surgery may be necessary.

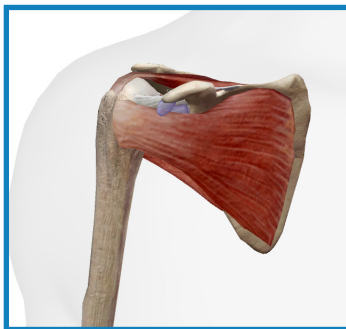
Physical therapy can assist in diagnosing your pain to assess if it is coming from nerve, tendon, muscle, or the joint itself. Examination will reveal the likely source of pain and uncover dysfunctional areas that we will aim to restore in physical therapy. Anything from rotator cuff pain, shoulder instability, impingement, labral pain, biceps tendinitis, etc. can be treated prior to requiring surgery.

## WHY IS IT IMPORTANT

- ✓ To prevent surgical intervention
- ✓ To return to sport
- ✓ To limit future dysfunction
- ✓ Limit other problems such as neck and thoracic issues



**SHOULDER JOINT**



**ROTATOR CUFF  
ANTERIOR**



**ROTATOR CUFF  
POSTERIOR**



**SHOULDER ACCESSORY  
MUSCLES**

# MEET OUR ORTHOPEDIC THERAPIST



## Joseph Schettle, PT, DPT Physical Therapist

Joseph graduated from the University of Wisconsin Oshkosh in May of 2018 with his Bachelor of Science in Kinesiology with an emphasis on exercise and fitness. He continued to earn his Doctor of Physical Therapy from the Rocky Mountain University of Health Professions in April 2022.

Joseph enjoys working with all populations of injuries, especially hips and shoulders. He strives to get to know each of his patients and believes each person that walks into the clinic is unique in their own way, which makes their physical challenges unique to them and their experiences. It is important to Joseph to listen to the issues at hand, problem-solve, educate, and challenge his patients so they can get back to doing the things they love.

Joseph spends his free time playing various outdoor sports such as volleyball, bouldering, biking, and kayaking. He also enjoys cooking and spending time with his cats.

## MILLCREEK CLINIC



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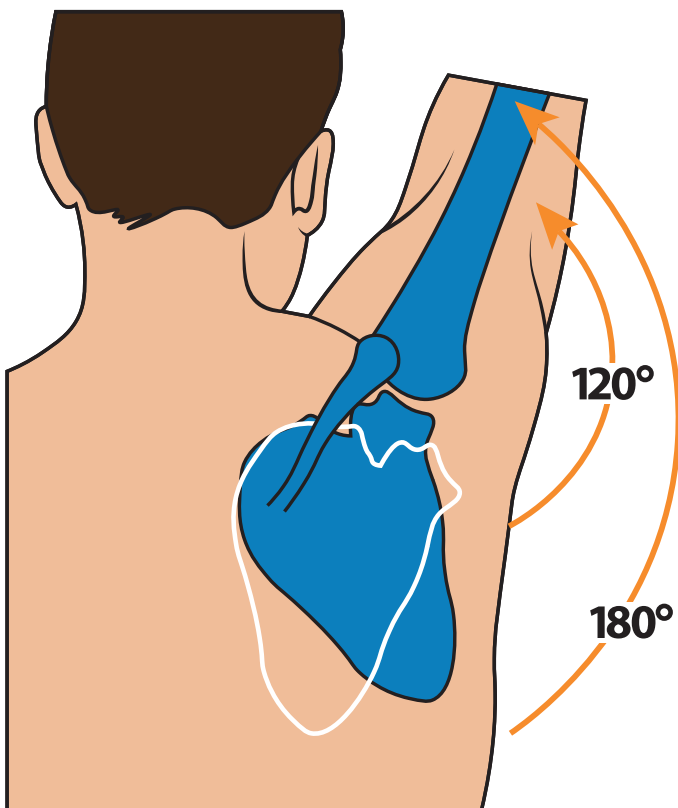
# THERAPEUTIC INTERVENTIONS

Through each intervention phase, the focus changes to return to a high level of function through the shoulder. The first phase focuses on posturing in the spine and shoulder itself and improving mobility through the shoulder's range of motion. Once proper posturing and mobility is achieved, we focus on isolated strengthening to improved deficits seen in the shoulder from our initial evaluation. Once a good basis of strength is achieved, the last phase will focus on full, functional strengthen and stability through movement including body weight and overhead positions.

## OVERALL PHASES

MOBILITY > PROXIMAL STABILITY > DISTAL STABILITY > DYNAMIC STABILITY

## MOBILITY INTERVENTIONS



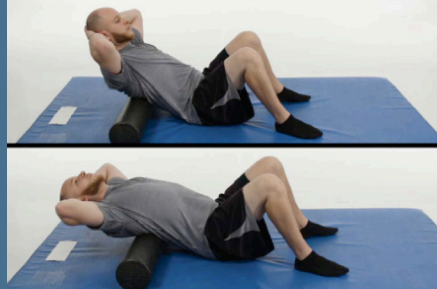
- ✔ SOFT TISSUE MOBILIZATION
- ✔ JOINT MOBILIZATION
- ✔ DRY NEEDLING
- ✔ SHOULDER STRETCHING
- ✔ SCAPULO-HUMERAL RHYTHM

# PHASES

## PHASE 1 POSTURAL RETRAINING



Doorway Pectoral Stretch



Thoracic Extension on Foam Roller



Scapular Retraction

## PHASE 2 ISOLATED STRENGTHENING



Sidelying External Rotation



Prone Y, T, and I

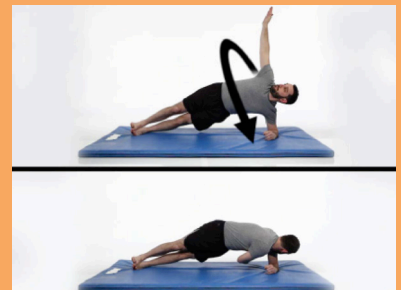
## PHASE 3 DYNAMIC STABILITY



Plank



Body Blade Shoulder IR/ER & Abd/Add

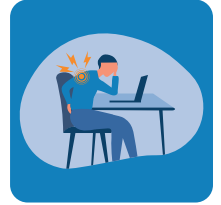


Side Plan Thread The Needle

# FREQUENTLY ASKED QUESTIONS

**Q: How can shoulder weakness be causing my neck or thoracic pain?**

**A:** Neck and thoracic pain may be related to shoulder weakness due to many of the muscles crossing into or near both regions. Many of us compensate with the easiest muscles possible causing muscular imbalance, most often occurring in the lower neck musculature, which may start causing neck pain and or thoracic pain due to poor posturing. Improving scapular and shoulder strength can assist in improving posture along with offloading overworked muscles used to compensate that may be causing pain.



**Q: When should I get an MRI?**

**A:** Neck and thoracic pain may be related to shoulder weakness due to many of the muscles crossing into or near both regions. Many of us compensate with the easiest muscles possible causing muscular imbalance, most often occurring in the lower neck musculature, which may start causing neck pain and or thoracic pain due to poor posturing. Improving scapular and shoulder strength can assist in improving posture along with offloading overworked muscles used to compensate that may be causing pain.



**Q: Is it helpful to do PT prior to surgery if it is already scheduled?**

**A:** In general, PT prior to surgery improved outcomes following surgery. Learning how to properly posture the shoulder, improve scapular motion, and improve muscular stability carries over well for improved outcomes following surgery.



**Q: Should I get a cortisone injection?**

**A:** Cortisone injections can be helpful for extreme cases of pain when irritation is too high to exercise effectively. In general, cortisone can provide a window of ~3 months to decrease pain to exercise more effectively in order to improve strength to alleviate pain after the effect of cortisone wears off. We do not like to rely on cortisone in a long term time frame as chronic usage can cause damage to ligaments and tendons present to the area.



# FUNCTIONAL ASSESSMENT

If you answer yes to any of these questions you will benefit from physical therapy to address your shoulder dysfunction

	Y	N
Do you have pain in your shoulder?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have tingling (pins and needles) in your arm, shoulder or hand?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have difficulty sleeping on your shoulder?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have difficulty performing heavy household chores?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have difficulty washing your back?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have difficulty participating in recreational activities?	<input type="checkbox"/>	<input type="checkbox"/>

## RETURN TO SPORT PROTOCOL

1. Optimal healing duration post-injury or surgery
2. Completion of a structured rehabilitation program with success
3. Achievement of full range of motion in a sport-specific manner without pain
4. Demonstration of excellent stability, pain-free performance in special tests
5. Attainment of strength meeting specific participation criteria
6. Satisfactory performance on functional tests
7. Successful completion of sport-specific assessments
8. Acceptable subjective scores reported by the patient
9. Absence of kinesiophobia in the patient (evaluated using the Tampa Kinesiophobia index)

**SCAN OR VISIT TO LEARN MORE**



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