



**Figure 1.** Passive flexion with the physiotherapist, in a lying position on the back, after an analgesic decoaptation, (1A) the physiotherapist pulls the arm until passive flexion obtained (1B), rehabilitation with assistance and self-rehabilitation 3 to 5 times/day (1C, 1D, 1E, 1F). The elbow is kept extended and the hand on the affected side must fight forcefully against the resistance of the hand on the healthy side (1G, 1H).

1 The exercises are simple and require no specialized equip-  
 2 ment. They are performed as self-rehabilitation, with regular  
 3 supervision by a physiotherapist trained in shoulder manage-  
 4 ment. Physiotherapy sessions typically last approximately 20  
 5 minutes and are conducted without the use of machines or pul-  
 6 leys. Each session begins and ends with manual therapy, includ-  
 7 ing massage of the shoulder girdle and cervical spine.

8 The physiotherapist plays a central role in the rehabilitation  
 9 process. Beyond manual treatment, they guide the patient, build

confidence, ensure correct execution of exercises, and monitor  
 10 adherence to the self-rehabilitation program. They are also  
 11 responsible for identifying potential complications, such as  
 12 excessive pain, stiffness, or wound abnormalities, and must  
 13 be able to communicate directly with the treating surgeon when  
 14 necessary.  
 15

16 Patients perform self-rehabilitation exercises three to four  
 17 times daily, while supervised physiotherapy sessions are con-  
 18 ducted two to three times per week. The physiotherapist thus