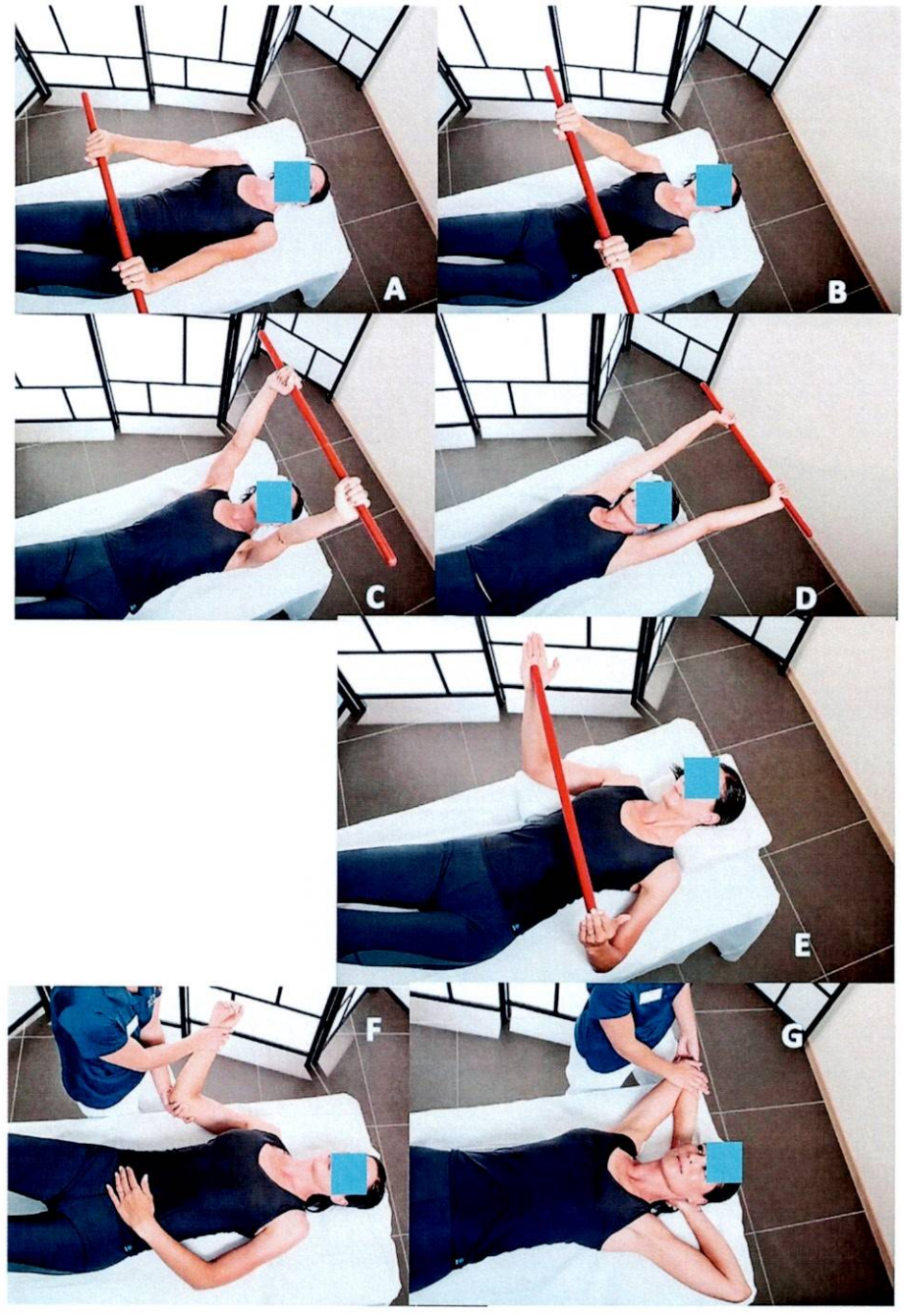


**Figure 2.** Self-rehabilitation of passive flexion with a stick (2A, 2B, 2C, 2D, 2E). Passive external rotation with the physiotherapist, (2F). External rotation in abduction, called the "nap position" (Figure 2G), opens the antero-inferior capsular pouch of the shoulder (Axillary pouch).

acts as a key intermediary between the patient and the surgeon, ensuring optimal progression and adaptation of the rehabilitation program.

## Passive mobilization

Passive mobilization exercises represent a clinical application of the concept of Continuous Passive Motion (CPM), introduced by Robert Salter [4, 5]. This concept is based on the principle that passive joint movement stimulates synovial fluid production, thereby promoting cartilage nutrition and preventing stiffness associated with prolonged immobilization.

These exercises are performed both with the physiotherapist and independently by the patient as part of the self-rehabilitation program. Their primary objective is to prevent postoperative stiffness, a major source of pain and functional limitation. Passive mobilization is systematically combined with light, removable immobilization, reduced to a minimum, and initiated immediately after surgery.

This approach is applied following arthroscopic procedures, shoulder arthroplasty, coracoid transfer, and osteosynthesis of