



Figure 6. Anterior deltoid rehabilitation (6A); Training of the great pectoralis, elbow extended, mobilization starts at 45° arm abduction (6B); Pectoralis strengthening with isometric hold five seconds (6C); Latissimus dorsi strengthening seated with isometric contractions (6D).

1 major defect which is the ascension of the shoulder stump. It is
2 necessary to do two or three sets of ten movements.

3 The correct postoperative execution of active flexion aided
4 by a more or less stressed patient will be all the easier if the
5 movement has been learned and corrected preoperatively.

6 Active external rotation, aided in abduction with a stick
7 (Figure 4D). This exercise is essential to prevent any antero-
8 inferior capsular retraction. At the end of the complete assisted
9 active anterior elevation, the patient alone in self-rehabilitation

or helped by the physical therapist, places the stick on the head
10 then behind the head, several times, spreading the elbows well. 11

- Combined active mobility exercise (Figures 5A, 5B). It
12 can be done alone by the patient, at home or in the office,
13 6 weeks after arthroscopic acromial decompression or 3
14 months after arthroscopic rotator cuff repair or prosthetic
15 shoulder arthroplasty. It combines active anterior eleva-
16 tion and external rotation in abduction. 17