



Anterior deltoid strengthening exercises

This leaflet outlines exercises to help strengthen the shoulder's deltoid muscle, for patients with torn or weakened rotator cuff muscles.

Exercises

The aim of the following exercises is to strengthen the deltoid muscle – which sits over the top and outer aspect of your upper arm – to assist in lifting your arm above shoulder height and to reduce pain. You are training and strengthening your deltoid muscle in order to compensate for the underlying rotator cuff muscles which are weak or torn.



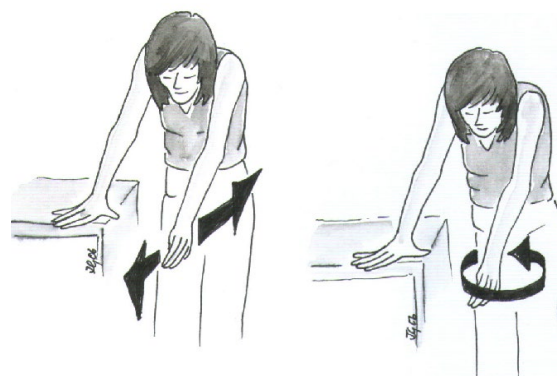
The exercises need to be done a minimum of three times a day and for at least three months in order to strengthen this muscle and improve the mobility of your shoulder. They are not difficult and should not be unduly painful. The explanations use the terms 'good arm' and 'bad arm', however, many people have both sides affected. In that case you will need to do the exercises on both sides.

The reason that the exercises are initially carried out lying down is to prevent the compensatory 'hitching' or lifting of your shoulder in an effort to help lift the arm.

A common side effect of repeated hitching of the shoulder is pain around the lower neck on the affected side and in very bad cases the onset of tingling in the arm or hand.

Should this neck pain occur, you need to immediately check the position of your shoulder and make sure that it is not too close to your ear/hitched while you are exercising. It is also prudent to inform your physiotherapist at your next visit so that they can check and treat the neck if necessary in order to resolve the problem.

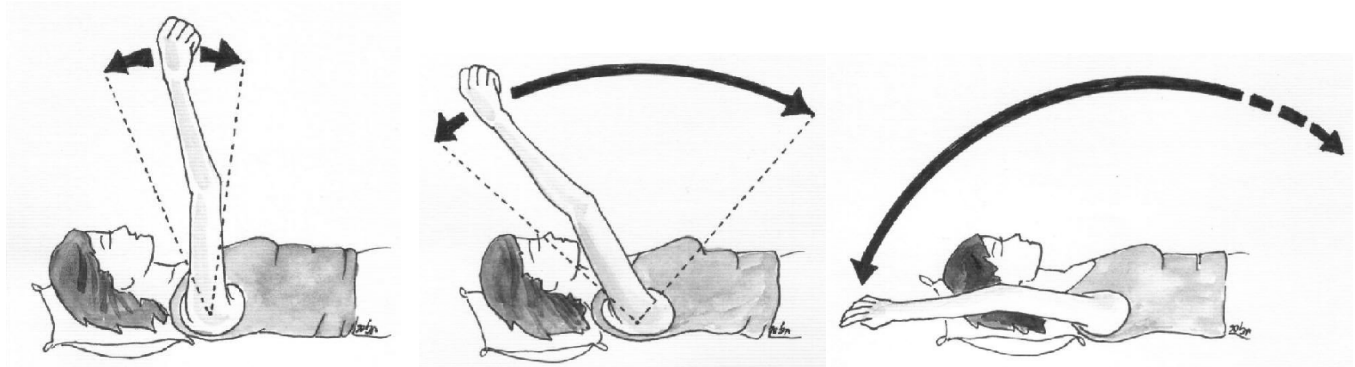
1. **Pendulum exercises** – standing and leaning forwards, supporting yourself with your good arm, let the bad arm swing like a pendulum. It can swing forwards, backwards, side to side and in a circular motion for up to 5 minutes. This exercise is also useful to relax the muscles after you have carried out the other exercises.



2. **Lying on your back** – lift the bad arm to a vertical position with the help of your good arm. Then hold the bad arm in the vertical position with its own strength for as long as you are able while also keeping the elbow straight. Bring the bad arm back down to your side with the help of the other arm. As your arm gets stronger, you will be able to lower it to your side without help. When this becomes easy move to exercise 3.

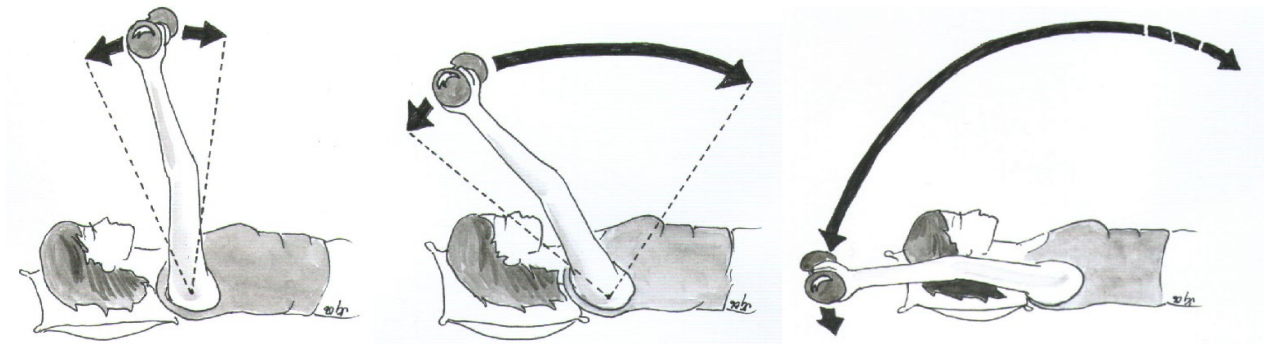
3. **Lying on your back** – as the vertical position becomes easier to maintain, the exercise can be progressed. With the elbow straight, start to move your arm forwards and backwards. Try to keep the arm moving in a slow, smooth, straight line and keep it lined up with the side of your body.

As your control and confidence improves begin to increase the range of motion until the arm can move from the side of your body to touching the bed above your head and back again.

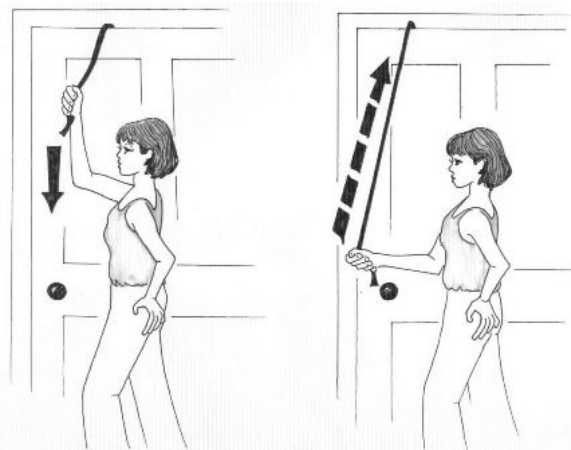


Continue this movement for up to 5 minutes or until your arm gets tired. When this becomes easy move to exercise 4.

4. **Lying on your back** – the next progression is to add a small weight e.g. a tin of beans, small bottle of water. Hold this in the hand of your bad arm and continue to move the arm from your side to above your head and back again in a smooth movement for up to 5 minutes or until the arm gets tired.



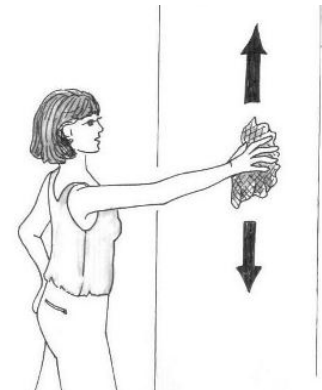
5. **Use a piece of stretchy elastic** that your physiotherapist can provide. Tie a big knot at one end, loop it over the top of a door and then close the door. Now stand or sit sideways with the bad side closest to the door. Reach as far up the band as you can with the hand of the bad side. You can use your good arm to help the bad arm to reach higher or it may help if you initially pull the band down with the good arm and then hold on to it with the bad arm.



The exercise involves pulling the band down as far as you can and then slowly control the release or upward movement of the band back to the starting position.

Repeat this movement for as long as you can control it.

- 6. **Standing facing the wall** holding a cloth or duster against a smooth bare bit of wall or door. Slide your hand up the wall as far as you can and, if necessary, push the hand further up the wall with the good arm. Now allow the bad side hand to slide back down the wall but keep the movement slow and controlled. Repeat this exercise for as long as you can control the movement.



- 7. Once exercise 4 becomes easier to carry out, you can alter the starting position of the exercise by **gradually moving from lying on your back to sitting and then to standing**. As you begin to sit up, stop using the small weight and start again with just holding the arm in the upright position before carrying out the backwards and forwards movement. Your arm will automatically feel heavier because of the effect of gravity. As the exercise becomes easier again, you can use the weight.

If you are having difficulty raising your arm in the reclined or sitting position you can use your good arm to help lift the bad side and then lower it back down under its own strength.



Contact details

Physiotherapy East, Royal Berkshire Hospital

Tel: 0118 322 7811

Pictures reproduced courtesy of Nuffield Orthopaedic Centre

Useful links

www.shoulderdoc.co.uk

www.orthogate.org/patient-education/shoulder/rotator-cuff-tears.html

This information sheet is not a substitute for professional medical care and should be used in association with treatment at your hospital. Individual variations requiring specific instructions not mentioned here might be required. It was compiled by Catherine Anderson (Specialist Physiotherapist) and Mr Harry Brownlow (Consultant Orthopaedic Surgeon) and was illustrated by Jill Gillespie (Specialist Physiotherapist).

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Orthopaedic Unit / Physiotherapy. Reviewed: January 2024. Next review due: January 2026

Compassionate

Aspirational

Resourceful

Excellent