

# SHOULDER MOBILITY CHART

Week of: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Therapist: \_\_\_\_\_

EXERCISE	SETS/REPS	FREQUENCY	M T W T F S S
<b>Pendulum Swings</b>	2 x 10	Daily	
<b>Wall Crawls (Front)</b>	3 x 5	Daily	
<b>Doorway Stretch</b>	3 x 30s	2x Daily	
<b>Scapular Squeezes</b>	2 x 15	Daily	
<b>Internal Rotation (Towel)</b>	3 x 10	Daily	

## Clinical Notes & Precautions:

Stop exercise immediately if you experience sharp pain. Consult your physical therapist for modifications.