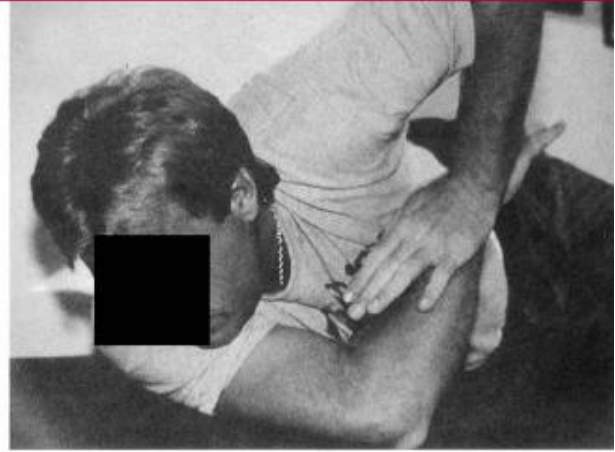




A



B

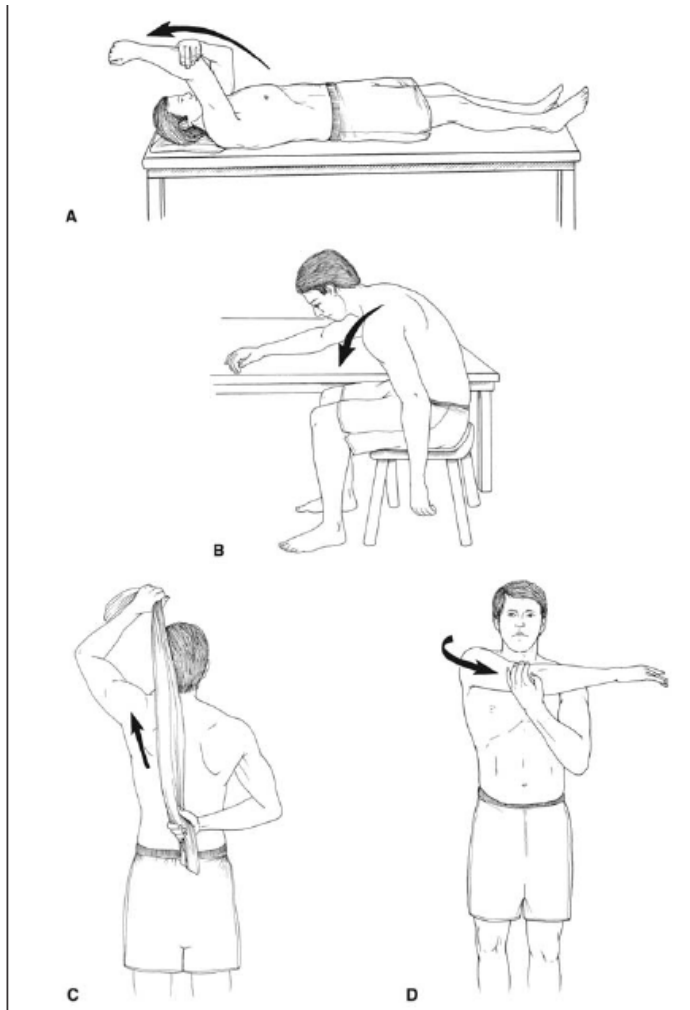


C



D

Focused posterior inferior capsular stretches. **A**, In the sleeper stretch, the patient is side lying with the scapula stabilized against a wall, the shoulder flexed 90° , and the elbow flexed 90° . Passive internal rotation to the arm is applied by the nondominant arm to the dominant wrist. **B**, The roll-over sleeper stretch is the same as the sleeper stretch, except that the shoulder is flexed only 50° to 60° and the patient rolls forward 30° to 40° from vertical side lying. **C**, For the cross-arm stretch, the patient stands with the shoulder flexed 90° ; passive adduction is applied by the uninvolved arm to the involved elbow. This primarily stretches the posterior musculature to a greater degree than the posterior inferior capsule. **D**, In the doorway stretch, the shoulder is abducted 90° and internally rotated. The elbow is flexed 90° with the elbow on the edge of an open doorway. The patient leans forward and inferior to apply an inferior capsular stretch to the shoulder. (Reproduced with permission from Burkhart SS, Morgan CD, Kibler WB: The disabled throwing shoulder: Spectrum of pathology. I: Pathoanatomy and biomechanics. *Arthroscopy* 2003;19:404-420.)



Patient-directed posterior capsular stretching. **A**, Stretching in overhead reach using the opposite arm as the therapist. **B**, Stretching in overhead reach using the progressive forward lean to apply a gentle elevating force to the arm. **C**, Stretching in internal rotation using a towel to apply a gentle stretching force. **D**, Stretching in cross-body reach using the opposite arm as the therapist. (Adapted with permission from Matsen FA III, Lippitt SB, Sidles JA, Harryman DT II: *Practical Evaluation and Management of the Shoulder*. Philadelphia, PA: WB Saunders, 1994, pp 46-49.)