



The Ultimate 7-Phase Program to Build Strong, Bullet-Proof Shoulders!

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During workouts, your shoulders take a beating. Bench press, shoulder presses, pullups - you name it, they are getting worked. Now, you can protect your shoulders with this 7-phase program.

There are a multitude of articles out there on building strong shoulders. I know, I have created some and have purchased some. They all stress the importance of shoulder stability and mobility, and how those actions correlate to overall training and performance. In order not to go down that same path, I will write about my own experience with shoulder pain, surgery, and rehab; and the proper steps you can take to ensure your athletes will not suffer the same way.



Let's reflect...every Monday is "chest-day" in any gym across America. I fell victim to this routine of using my "freshest" day to press the most weight I could. The bench press is the single best ego-stroking exercise to promote masculinity, power, and skill in the gym. Unfortunately, this behavior is amplified 10 times over in high school weight-rooms across the US.

In my first 6 years of weight-lifting, I performed the same routine of chest and shoulders with combined pressing sets in the 20-25 total set range. My poundages increased dramatically throughout those young years. My delts were looking like cantaloupes on top of my torso. They were quickly becoming my best feature. However, there was a pain brewing slowly.

You've seen it rear its ugly head.

Every time someone sits up after a set of heavy benches they do the religious right of massaging one of their shoulders as they grimace in despair.

So what happens next? They get up and walk over to the plate tree and add more weight! Did they miraculously cure their shoulder pain with that rubbing? Do they possess a magic healing power? Do they have the Myiagi "make it better" touch?

No. They possess something called ignorance and ignorance starts with "ignore".

I fell into the same trap. I rubbed my shoulder and it seemed better, so I put more weight. I was so excited with the increase in weights that I ignored the pain. Until one day, I woke up and the typical slight pain had grown into a "slice" pain. I could barely move my left shoulder. I used to take hot showers 2-3x a day to alleviate the shoulder stiffness and move it. Sure I was clean...but the pain always returned.

Then the day came when anything I did made it hurt.

Shopping in the grocery store made it hurt. Holding my basket made it hurt. Picking up a soup can made it hurt. Sleeping on it made it hurt. Washing my car made it hurt. Putting on a shirt made it hurt.

I was soon becoming a one-armed freak. I was using my right arm for everything. Lifting was soon becoming a thing of the past and I was shrinking, becoming depressed and making excuses. A whopping 6-months later I visited my doctor who referred me to a specialist. After a MRI, it was determined that I was a candidate for a procedure called acromioplasty (which is where the tip of the acromium is actually shaved down), and some minor rotator cuff is repaired. However, the doctor wanted me to try physical therapy first. Another 2 months of depression, anticipation, and disappointment came and I was quickly transforming from athlete to water boy...1-arm water boy.

On November 5, 2003 I underwent my shoulder surgery. I was hurting. The road to recovery was to begin the next day with some gentle movements. As I progressed in ROM tests, followed by isometrics, and some strength training was incorporated using bands. Once the inflammation had subsided, I slowly began to understand the process---stabilize, mobilize, and strengthen. It made sense because as I began performing movements that once resulted in pain, now only resulted in oddly enough, unfamiliarity. I was beginning to perform movements that I restricted to avoid feeling pain.

Fast forward to today.

As a trainer, every time I encounter a client or athlete that complains of shoulder pain, we address 2 things: Did you see a doctor to get a diagnosis or are you diagnosing yourself? If they answered yes to question #1, what modifications have they made to their training? (i.e.: have they added rehabilitation exercises? Have they ceased certain movements? What recommendations have they received?, etc)

Most times, people who have undergone physical therapy for shoulder impingement, tears, or inflammation usually stop performing their exercises because of boredom, lack of motivation, lack of instant gratification, or intolerance to pain. I understood this, so in order to get my athletes to be consistent with their shoulder exercises, we had to progress them and give them exercises that were different than the typical "external/internal rotation", or "empty can exercises". These were the exercises they were finding boring. So it was time to make it fun.

Phase 1:

Build the foundation starting at the scapula. My athletes began using isometric drills in front of the mirror to evaluate their own shoulder function.

- Side Planks 2 for 30-60 seconds
- Half ISO Push-up Hold 2 for 30-60 seconds
- Y, T, W, L's introduced by week 2. (2 sets for 15-20 reps)

Light Stretches and Limited ROM work

Phase 2:

Begin movements with concentration on scapular activity. At this time, we will begin movements and really concentrate more on what is the scapula doing rather than the amount of weight used.

- Scap Push-ups 3x12
- Scap Retraction Rows 3x10 (use band or row weight machine)
- Scaption w/ band 2x 12

Introduce movements: Standing Horizontal Arm Swings (half speed)

Phase 3:

Now we begin to introduce strength training exercises.

- Face Pulls 2x 15
- Overhead Shoulder Shrugs 2x10
- Limited DB Pullovers for Pec Minor 2x15
- Cable Cuban Presses 3x10
- Standing Horizontal Arm Swings (full speed) – perform 10 reps each side.

Objective: The scapula needs to be trained to decelerate upperbody movements and arm swings become perfect for that. The drill is performed by standing and facing a wall. With arms touching the wall, forcefully swing your arm (horizontal abducting) and “braking” the action at the end of movement.

Phase 4: Power Drills

- Medicine Ball pitches Begin by standing in a relaxed position and facing a concrete wall. With a 4kg med ball (use whatever size is manageable), explode into a pitcher’s stance and throw the ball as hard as possible into the wall.
- 3-Point Med Ball Holds In a push-up position, place a medicine ball under one hand and hold, while the other hand is on floor. Balance your bodyweight with 3 limbs in contact with floor, and the other on ball. Hold for 10 sec. and roll ball to other hand without resting your legs down.

Phase 5: Mixing It Up

- Side Planks
- Scap Push-ups
- Cable Cuban Presses
- Mobility ‘S’ Stretch
- Med Ball Pitches (if a medicine ball or concrete wall is not available, this exercise can be done using a cable apparatus. Simply remove the D-handle and hold on to the ball above the cable loop. Then perform your pitcher throws with cable.)
- DB-Pullovers (limited ROM)

Phase 6: Integrating Core

Because the glenohumeral joint is affected by the hip and remaining kinetic chain, we need to address this aspect of shoulder function.

- Supine Reverse Ab Curls with Triple Extension Lying down on a bench or floor, grab a fixed object near your head and raise your knees above the floor. Bend your knees and your flex your ankles, so that your hips, knees, and ankles are approximately 90 degrees. While holding on to the fixed object, curl your torso up so that knees are close to your face. Try this exercise with minimal momentum. Most athletes can perform this exercise without holding on to a fixed object by week 3. Perform 3x 8-12reps.
- Standing Trunk Flexion with Band Attach tubing to a fixed object higher than arms length (example: power cage top, cable top, chin up bar, smithy machine top). Grab handles and take a couple of steps back to create some tension on band with your arms stretched overhead. To execute, flex at the trunk and curl your body down while keeping your arms straight and try to touch the floor as you bend. The lower you get, the more the tension (from the tubing) grows. The goal is to be able to touch the floor as your crunch. Perform 3x 12-15 reps.
- Bird-Dogs on Stability Ball After proper progression from the floor, we graduate our clients and athletes to the stability ball. To execute: Place ball slightly below naval and lie face down. From

an overhead view, your body should look like an "X". Maintain your position and slowly execute the bird dog exercise. Pause at the top and hold position for a count of 2. Most athletes can perform this movement with ease, so in order to enhance proprioception and difficulty; we perform this exercise with eyes shut. Perform 3x 12 reps.

Phase 7: Armor Maintenance

Addressing the RTC doesn't end. Most clients and athletes stop RTC work when they feel they are adequate in performing upper body movements or are pain-free. This mistake proves to be drastic when pain or dysfunction returns usually after play or detraining. Isolated RTC work must become part of the program and constant scapula-humeral rhythm should be assessed every 3-4 weeks in a program.