Shoulder Pain Gone in Just Days!

Rick Kaselj

http://ShoulderPainSolved.com
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Exercise Considerations

Consult with a physician before beginning the exercises in this book. A physician can determine which exercises are appropriate for you or your clients, and if any should be avoided or modified.

Disclaimer

Shoulder Pain Gone in Just Days is primarily an educational resource and is not intended to take the place of the advice and recommendations of a physician. If you suspect your client has a health problem, please have him or her seek the services of a physician or healthcare professional.

Exercise is an ever-changing science. As new research and clinical experience broaden our knowledge, changes in exercise and exercise prescriptions are inevitable. The author has checked with sources believed to be reliable in his effort to provide information that is complete and generally in accord with the standards accepted at the time of publication. However, in view of the possibility of human error or changes in exercise science, neither the author nor any other party who has been involved in the preparation or publication of this work warrants that the information contained herein is in every respect accurate or complete, and they are not responsible for any errors or omissions or for the results obtained from the use of such information. Readers are encouraged to confirm the information contained herein with other sources.
Please note: For your information and reference, I have included URLs and hyperlinks to web pages I've researched, relevant to the contents of this manual/guide/book. While I am unable to guarantee that these links will remain active, should you have any questions regarding my online research, please contact me directly.
Preface

Thank you for supporting one of my dreams!

I have always dreamed of being a writer. The book you are reading is one of those writing dreams coming true. I hope you take from it as much as I have gotten out of its research and production.

Pass this Book On
Feel free to take your personal printed copy and share it with your family, friends and colleagues. Everyone’s health will improve if we all learn and educate each other on how to maintain a healthy and active lifestyle. If you received this as an e-book, please do not forward it on. Writing is how I make a living. Unauthorized distribution constitutes theft of my intellectual property.

Guarantee
My passion is to help people overcome their injuries. If this book does not help you, does not meet your expectations or is not of value to you, I will give you your money back. Please contact me via e-mail at support@ExercisesForInjuries.com and I will refund your money.

Contact Me
Please let me know what you think of this book. Visit http://www.ExercisesForInjuries.com or e-mail me at support@ExercisesForInjuries.com. Your feedback and ideas will help with the content of future editions and books.

Rick Kaselj
How Big of a Problem is Shoulder Pain?

Musculoskeletal disorders are the second leading reason for physician visits each year with about 132 million physician visits occurring in 2006 (American Academy of Orthopaedic Surgeons, 2009).

It is estimated that musculoskeletal disorders cost the United States almost $850 billion annually, and about 440 million work days are missed due to these health conditions.

With about 7.5 million physician visits each year, shoulder pain is a major contributor to the increasing disability caused by musculoskeletal disorders in developing nations (AAOS, 2009).

I always like to start off with some numbers. The numbers are impressive. It shows how big of an issue injuries are, especially shoulder pain.
4 Key Parts to the Shoulder

The shoulder girdle is composed of 3 bones and 3 main joints held together by ligaments (structures that connect bones to other bones), tendons (structures that connect muscles to bones), bursae and muscles.

Bone of the Shoulder Joint

The shoulder consists of these three bones:

- humerus (upper arm bone)
- scapula (shoulder blade)
- clavicle (collar bone)

Joints of the Shoulder

**Acromioclavicular Joint** - A key structure on the outer end of the scapula, protruding away from midline of the body is the acromion. The acromion forms the highest point of the shoulder. It is a key area for ligaments to attach and forms half of the acromioclavicular joint with the clavicle.

**Glenohumeral Joint** – The head or ball of the humerus fits into the shallow socket on the scapula, called the glenoid fossa, to form the glenohumeral joint. This is the main joint of the shoulder and the joint that allows the high level of movement the shoulder has.

The head of the humerus is larger in comparison to the glenoid, and only one-third of the humeral head is in contact with the glenoid fossa. A larger humeral...
head in contact with a shallow socket enables great movement in the joint but decreases the stability of the shoulder and leads to its increased risk of shoulder injuries.

The glenoid fossa is made deeper by a ring of fibrous cartilage surrounding the glenoid, called the labrum. Extending and making the fossa deeper enhances stability of the shoulder joint.

**Sternoclavicular Joint** – The inner end of the clavicle connects to the sternum (breastbone), forming the sternoclavicular joint. This joint is the only link of the shoulder and arms to the rest of the skeleton of the body.

**Scapulathoracic joint** – Is where the scapula moves up and down against the rib cage. This joint is not an actual joint as it depends entirely on the surrounding muscles during shoulder movements.

This shows that the shoulder is a very complex structure. One specific shoulder joint may be injured but it will affect all of the other shoulder joints.

**Muscles of the Shoulder**

**Rotator Cuff Muscles** – A key set of muscles that stabilizes the shoulder joint are the rotator cuff muscles which have a key function of keeping the humeral head centered within the glenoid fossa. The tendons of supraspinatus, infraspinatus, teres minor and subscapularis muscles form the rotator cuff. Injuries involving the rotator cuff and their tendons are one of the leading causes of shoulder pain.
Scapular Stabilizers – The set of muscles that connect to the scapula and assist in stabilizing and moving the scapula.

Shoulder Muscles - These are the large superficial muscles that you see when you look at the shoulder joint. Examples of these muscles are the deltoid and latissimus dorsi.

Bursae of the Shoulder

Bursae are fluid-filled sacs that allow smooth gliding between two surfaces that move against one another. There are many bursae associated with the shoulder joint.

Inflammation of the bursa located between the acromion and joint capsule that surround the glenohumeral joint and the bursa between the subscapularis and the joint capsule are the most common areas in the shoulder that can lead to shoulder bursitis and shoulder pain.
6 of the Most Common Shoulder Injuries

Any injury or disease affecting the supportive structures of the shoulder, such as the bones, tendons, bursae, cartilage, and ligaments can result in shoulder pain.

In general, wear and tear, overuse or repetitive overhead movements and trauma play a major role in the development of shoulder pain. The following are the common causes of shoulder pain:

#1 – Rotator Cuff Tendonitis

Tendonitis is the inflammation the rotator cuff tendon resulting from overuse or repetitive movements affecting the rotator cuff.

#2 – Rotator Cuff Tear

Overuse, repetitive overhead motions, aging or falling may result in degeneration of the rotator cuff tendon, which can cause incomplete or complete tearing of the rotator cuff.

Rotator cuff tears usually cause pain in the deltoid muscle, especially when the affected arm is lifted from the sides.

#3 – Shoulder Instability

Shoulder instability occurs when the humeral head is not sufficiently maintained within the center of the glenoid fossa.
If the joint becomes too loose, the head of the humerus may slide partially out of place, termed shoulder subluxation, or it may completely come out of place, a condition called a shoulder dislocation.

**#4 – Frozen shoulder or Adhesive Capsulitis**

Frozen shoulder is a tightening of the capsule that surrounds the shoulder joint which leads to poor movement of the shoulder and shoulder pain.

**#5 – Shoulder Impingement**

Shoulder impingement (squeezing of the rotator cuff tendon), most frequently occurs in the supraspinatus, underneath the bony arch of the acromion.

**#6 – Arthritis of the Shoulder**

Arthritis is a degenerative disease that usually occurs due to wearing and tearing of the affected joint, as in osteoarthritis, or due to a systemic inflammation, as in rheumatoid arthritis. Arthritis results in loss of protective cartilage in the shoulder joint which can cause pain and limited shoulder movement.

Other causes of shoulder pain include shoulder fractures, labral tears, calcific tendonitis, superior labrum from anterior to posterior or SLAP tears and biceps tendon ruptures.
Common Causes of Shoulder Pain

Increased Risk with Age – Shoulder pain is more common in individuals older than 40 years and is often the result of wear and tear on the shoulder.

Previous Shoulder Injury – In younger adults, shoulder pain is commonly associated with a previous injury.

Related to Sports Played or Work Performed – In addition, about 21% of shoulder pain associated with injuries was related to work (Wofford, Mansfield & Watkins, 2005).

Overhead Workers and Athletes - Athletes and workers who execute repetitive overhead or throwing motions have greater risk for shoulder injuries and pain. Examples of sports where athletes have greater risk of shoulder pain are swimming, tennis, baseball, volleyball and javelin. Examples of occupations that are at greater risk of shoulder pain are carpenters, painters, construction workers and workers performed repeated overhead movements.

Posture - Bad postures and body mechanics also increase the risk of shoulder pain. For example, forward rolled shoulders increases the risk for impingement syndrome. This type of posture can reduce the space to which the rotator cuff tendons or muscles goes through, which increase the risk of squeezing the structures underneath the acromion.
Diagnosis of Shoulder Pain

The cause of shoulder pain is mainly determined by medical history, results from a physical examination and findings on the diagnostic imaging tools.

If the pain is severe or if the cause is still undetermined through physical examination, your physician may recommend diagnostic imaging tests to obtain the accurate cause of the pain. X-rays, a magnetic resonance imaging or an ultrasound may be ordered in order to provide better clarification of the injury and the severity of the injury.

Treatment and Management of Shoulder Pain

Shoulder pain may not be a life threatening medical condition but without the right approach, the pain may limit your arm movement and affect the quality of your life.

Your shoulder pain may affect your activities of daily living, such as:

- brushing your teeth
- combing your hair
- putting a book on a shelf
- sleeping on that shoulder
- opening doors
- reaching to the side to grab something
- holding your cellular phone
- carrying your purse or lap top bag
The above tasks may require a great deal effort and irritate your shoulder pain. It is important to keep in mind that all types of shoulder pain should never be overlooked. Whether the pain is mild or severe, the best option is to consult your physician to determine the cause of the pain and to obtain the right treatment regimen for you. Shoulder pain can be progressive in nature and lead to other problems.

Shoulder pain is initially treated with conservative or non-invasive measures. During the early stages or uncomplicated cases of shoulder pain, the goals of the treatment are relief of pain and restoration of the normal function of the shoulder. These goals are mainly achieved through rest, ice and heat application, compression, use of pain medications and exercises.

#1 – Active Rest for Shoulder Pain

If your shoulder is injured or in pain, the most immediate and important action is to reduce or stop using the injured arm for about 48 hours. Prevent performing activities that aggravate your shoulder pain. It is also recommended to avoid heavy lifting and overhead activities until your shoulder feels better, which could take around 4 to 7 days after the occurrence of the shoulder pain. Resting the affected shoulder can reduce the swelling and the pain. It is important to emphasize that complications may arise when the shoulder area is immobile for a lengthened period of time. It is important to keep moving your shoulder in movements that are pain free. It is suggested to perform simple isometric exercises during shoulder pain in order to activate the muscles of the shoulder. This is discussed in the next section.

#2 – Ice and Heat for Shoulder Pain

Application of ice reduces the pain and inflammation during the first 24 to 48 hours following your shoulder injury. You may put an ice pack, a bag of frozen vegetables or a towel filled with ice on the affected shoulder for 15 to 20 minutes at a time, 4 to 8 times a day. Apply ice for about 20 minutes. Never apply ice directly unto the skin as it may cause a skin burn. Use a protective barrier between the ice and the skin, such as a towel. You can also apply ice after activities to control inflammation and pain. Everyone responds to ice differently. Try it out and see how your shoulder responds. It should help with decreasing inflammation, decrease pain and recovering from activities or exercise.
Heat applications are not recommended within the first 72 hours. Heat can cause vasodilation and may cause more swelling and pain. After 72 hours, when the pain and inflammation have improved, you may start heat applications to relax tightened muscle tightness. Heat should be limited to 20 minutes per application.

#3 – Pain medications for Shoulder Pain

Nonsteroidal anti-inflammatory drugs, such as aspirin, ibuprofen or naproxen may help reduce mild to moderate shoulder pain. It is important to talk with your doctor to see what pain medication is most suited to you.

#4 – Compression of the Shoulder

Compressing the injured area with elastic wrap may be helpful as well. This could help with controlling inflammation, keep the shoulder out of painful movements and your body in a posture that is more comfortable.
Exercises for Shoulder Pain

Exercises are an essential part of preventing and overcoming shoulder pain and injury. Above we talked about what you can do to manage your shoulder pain but it is important to move and exercise the shoulder in order to overcome and recover from your shoulder injury.

The most valuable exercises when resolving shoulder injuries and pain are range of motion, stretching and strengthening exercises.

Exercises You Can Do Soon After Your Shoulder Injury

Prolonged immobilization of the shoulder can result in a wide range of complications, including increased joint stiffness or tightness, which consequently worsens shoulder pain. Although you need to rest the affected shoulder during painful periods and limit your activities, it is recommended to perform the following exercises to maintain muscle strength without risking joint damage as you recover. The next two exercises contract the shoulder muscles without moving the joint.

#1 – Grip Strength Exercise.

Using the hand of the involved arm, squeeze a small ball, either a stress ball or a racquetball, with gentle and consistent pressure as many times as you can throughout the day.

#2 – Isometric Triceps Exercise

Position the involved arm on a tabletop with your elbow at 90-degrees. Make a fist and push the tabletop, using the force coming from the fist to the elbow, and hold for 5 to 10 seconds. You should feel the muscle on the back of your upper arm contracting without moving your arm. Gradually release the contraction. Repeat the exercise 5 times
Range of motion exercises

Gentle and early active, active-assisted or passive range of motion exercises are the most recommended exercises after shoulder pain has been controlled and managed. These exercises are helpful in gradually restoring the affected shoulders range of motion. Codman or pendulum exercises are commonly included in the earliest stage of treatment to improve muscular relaxation, a pain free range of motion and to prepare the shoulder for more complex activities.

#3 – Circular Pendulum Exercises (Arm Circles)

Use your good arm to hold onto a sturdy chair or tabletop. Bend at the waist and then at the knees. Let the involved arm relax, hanging in a resting position. Remove all tension from the shoulder blade. Using the involved arm, create small circular patterns in the air. Make 5 circles in a clockwise direction, and 5 more circles in a counterclockwise direction. You can gradually draw bigger and more circles as your shoulder improves. Repeat the exercise 5 times a day.

#4 – Flexion-Extension Pendulum (Arm Forward and Back)

Use your good arm to hold onto a sturdy chair or tabletop. Bend at the waist and then at the knees. Let the involved arm relax in a resting position. Remove all tension from the shoulder blade. Swing the involved arm forward and back, 5 to 10 times. Repeat the exercise 5 times a day.

#5 – Shoulder Flexion (Lifting Arm Up)

Stand tall with both arms on your sides. Raise the involved arm, reaching the ceiling as the elbow is kept straight. As you reach the highest point, hold for 10 seconds. Release, and return to your standing position. Repeat 5 times.

Shoulder Stretching Exercises
Stretching exercises regain and maintain the flexibility and mobility of the soft tissues, such as the muscles, tendons and fascia in the injured arm. These exercises improve the range of motion, prevent muscle stiffness and reduce the risk for shoulder injuries. All of which encourage long-term pain relief.

**#6 – Posterior Stretch**

Stand tall, and grasp the elbow of the involved arm using the hand of the good arm.
Gently pull the involved arm across the chest with the good arm at the shoulder level, or at whatever level you can lift it which is pain-free. You should feel a light stretch in the back of your shoulder. Hold the position for at least 10 seconds. Release the stretch. Repeat the exercise 3 times.

**#7 – Chest Stretch**

Stand tall in the doorway, and extend both arms out at a right angle. Bend elbows at 90-degrees.
Position the forearms against the door jamb and lean forward. Hold the stretch for at least 10 seconds. To stretch the upper chest area, position the elbows below the shoulders. Stretching the middle fiber requires the elbow placed at the shoulder level. To stretch the lower fibers, elbows are positioned above the shoulder.
Release and repeat the exercise 3 times.

**Rotator Cuff Strengthening Exercises**

For improved shoulder strength, the use of dumbbells, tubing and your own body weight are commonly combined with other types of strengthening exercises. Isometric exercises, a form of strengthening exercises, contract and build muscles without moving a joint or bone. Strengthening exercises are only introduced or included in the exercise regimen if the involved shoulder is strong enough to tolerate the pressure and is able to complete the exercises in a pain-free range.
#8 – Shoulder Extension

Stand tall with your back against the wall. Move the involved arm behind the back. The pinkie (ulnar) side of the hand should be resting against the wall. Push the involved arm against the wall. Keep the elbow extended. Hold the position for 5 to 10 seconds. Release. Repeat the exercise 5 times.

#9 – Shoulder Abduction with Tubing

Stand tall with your straight arms at your side. Lift the tubing away from your body until the arm holding the tubing reaches the shoulder height, or to the point that you can do it pain free. Gradually return to the starting position. Repeat up to 10 times.

Key Points to Remember

- If any of the exercises cause or aggravate pain, stop doing the exercise and make sure you are doing them correctly. You may have to limit the shoulder range of motion as you exercise.
- Do not overdo things. Later in the day and the next day, you should feel like you have done something but your shoulder pain should not increase.
- It is recommended to start slowly and gradually increase the intensity of your exercises. If you are using weights, you may need to lower the weight or completely get rid of the weights until your shoulder is well enough to tolerate the exercises.
- After the exercises, you may have to use some of the pain management strategies we talk about above.
- If you have any concerns about these exercises, contact your doctor to see if they are appropriate for you.
- I hope this program gets you started on the road to recovering from your shoulder pain.
About Rick Kaselj

Rick Kaselj, M.S. (Exercise Science), B.Sc. (Kinesiology), PK, CPT, CEP, CES

Rick Kaselj specializes in exercise rehabilitation and fitness. He works in one-on-one and group rehabilitation settings, educating and training people who have been injured at work, in car accidents, and during sport activities.

Rick has combined his rehabilitation experience and passion for research to develop a variety of courses and presentations for fitness professionals, Kinesiologists, and healthcare providers. Rick has given over 302 presentations to 5897 fitness professionals across Canada and USA. These courses include:

- Core stability of the shoulder
- Exercise rehabilitation for the shoulder, lower back, hip, or knee
- Foam roller essentials
- Intro and advanced core stability
- Intro and advanced stability ball exercises
- Postural assessment and exercise prescription
- Injury-free running
- Save your shoulders
- Training for better golf
Rick strives to balance his work life with his personal fitness endeavours and travel. He has trained for and competed in the Manitoba Marathon, the 225 km Ironman Canada Triathlon, and the 160 km Sea2Summit Adventure Race in Whistler, BC.

He has hiked 4,300 km along the Pacific Crest Trail from Mexico to Canada and mountain biked the 5,000 km Great Divide Mountain Bike Route over the Rocky Mountains from Mexico to Canada. An avid traveler, Rick has toured three continents and visited 17 countries.

In 1997 he graduated with his Bachelor of Science degree in Kinesiology from Simon Fraser University. Rick recently completed his Masters of Science degree focusing on corrective exercise and therapeutic exercise for the rotator cuff. Rick currently works as a lecturer, Kinesiologist, personal trainer, writer of exercise rehabilitation and exercise rehabilitation specialist in and around Vancouver, British Columbia, Canada.

To learn more about Rick Kaselj, please visit http://www.ExercisesForInjuries.com
About Healing Through Movement

Healing Through Movement has been helping people reach their health, fitness, rehabilitation and sport goals since 1999.

How Healing Through Movement can help you:

Active Rehabilitation – This individualized program is designed to help you overcome injury by using flexibility, endurance, strength and cardiovascular exercises.

Adaptive Fitness – A personalized exercise program designed for youth and adults with special needs. The types of special needs may include cerebral palsy, multiple sclerosis, brain injury and/or developmental disability.

Adventure Travel Presentations – A full sensory experience including music, images, and storytelling on the experience and adventure of hiking the 4,300 km Pacific Crest Trail, cycling Cuba, and cycling the Rockies from Mexico to Canada.

Corrective Exercise – An exercise program designed to address your muscle imbalances and areas of tightness and pain.

Endurance Training – An individualized training program created to help you complete your desired running, cycling, duathlon, triathlon, or adventure race.

Exercise Rehabilitation – An exercise program designed to help you recover from your injury or medical condition in a safe and effective manner.
Exercise Rehabilitation Courses – Education and training for registered Kinesiologists, exercise therapists, and personal trainers on the use of exercise as a safe and effective tool to recover from back, shoulder, knee, hip, ankle, elbow and wrist injuries.

Expedition Training – Forming a complete plan including gear selection, route preparation, nutrition guidelines and a training program to help accomplish your hiking, biking or kayaking dream.

Personal Training – An exercise program to help you reach your weight loss, strength gain, and body shape improvement goals.

Pool Therapy – Use the pool environment to decrease stress on joints and to help your body recover from injury by improving range of motion, strength, endurance and balance.

Post Rehabilitation – After you have completed physical therapy, chiropractic or massage therapy treatment, this is an exercise program designed to help you recover from your injury and return your body back to where it was before your injury.

Where can Healing Through Movement meet me:

In Person – Healing Through Movement can meet you at your home, local community centre or fitness centre to help you achieve your health, fitness, training, sport, travel or rehabilitation goals.

Phone/Online Training – More clients are meeting with Healing Through Movement over the phone or through email to reach their health, fitness, training, sport, travel or rehabilitation goals.
Founder of Healing Through Movement - Rick Kaselj

**Rick Kaselj** is a Registered Kinesiologist and Personal Trainer with a passion for exercise rehabilitation. Rick designs effective exercise programs that safely and rapidly help his clients recover from an injury, medical condition, and/or musculoskeletal pain, and reach their health, rehabilitation, and sport goals. Rick presents courses on exercise rehabilitation and adventure travel across Canada and USA. To reach Rick, call (888) 291-2430 or visit [http://www.HealingThroughMovement.com](http://www.HealingThroughMovement.com).

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[http://ShoulderPainSolved.com](http://ShoulderPainSolved.com)
Other Products from Rick Kaselj

To order these books, visit http://ExercisesForInjuries.com

Muscle Imbalances Revealed – Lower Body (Earn 6 CECs)

As fitness professionals we often just focus on strength, flexibility and cardiovascular techniques with our clients in order to help them reach their goals. By just focusing on these three exercise techniques you hamper your client's ability to overcome injuries, bust through fitness plateaus and stay injury-free. To get past this what you need in your toolbox is a full understanding of muscle imbalances.

Muscle Imbalances Revealed goes beyond stretching what is tight, strengthening what is weak or just performing corrective exercises. It assists the fitness professional in understanding the synergies that exist within the body and walks you through the intricacies of muscle imbalances. In Muscle Imbalances Revealed, the fitness professional will be guided by 6 experts from various professions on how to identify, address and perform the most effective exercises to address muscle imbalances and increase the speed of injury recovery, bust through fitness plateaus and prevent injuries.

For more information visit - http://MuscleImbalancesRevealedLowerBody.com

Muscle Imbalances Revealed – Upper Body (Earn 7 CECs)

In the Upper Body Edition of Muscle Imbalances Revealed, you will be guided by four experts from various health professions on how to identify and address muscle imbalances and perform the most effective exercises to improve performance, bust through fitness plateaus, increase the speed of injury recovery and prevent future injuries in the upper body.

For more information visit - http://MuscleImbalancesRevealedUpperBody.com
The Most Effective Exercises For Scoliosis (Earn 6 CECs)
- Fitness Professional's Guide to Exercise and Scoliosis -

Exercise is recommended by physicians for people with scoliosis. With more people with scoliosis leaning towards exercise to help improve their condition, it is vital for the fitness professional to be educated and prepared to work with these clients. Exercise can help safely alleviate pain, stiffness, de-conditioning, and muscular weakness associated with scoliosis. Gain a comprehensive understanding of scoliosis, how to design an appropriate exercise program for your clients with scoliosis and discover the most effective exercises for scoliosis. If you are ready to increase your confidence working with clients with scoliosis, would like to understand how to safely train clients with scoliosis and empower yourself with the exercises to help your clients with scoliosis, then Effective Exercises for Scoliosis is a must for you.

For more details visit - http://EffectiveExercisesForScoliosis.com

Effective Rotator Cuff Exercises (Earn 6 CECs)
- Fitness Professional's Guide to Rotator Cuff Exercises -

Rotator cuff injuries are the most common shoulder injuries fitness professionals will face. Exercise is recommended by physicians for people with rotator cuff injuries and therefore, it is vital for the fitness professional to be educated and prepared to work with these clients. Exercise can help safely alleviate pain, decrease stiffness, increase range of motion, and improve rotator cuff strength. This course will help you gain a comprehensive understanding of rotator cuff injuries, how to design an appropriate exercise program for your clients with a rotator cuff injury, and discover the most effective exercises for the rotator cuff. If you are ready to increase your confidence working with clients with rotator cuff injuries, would like to understand how to safely train clients with rotator cuff injuries and empower yourself with the best exercises to help your clients with rotator cuff injuries, then Effective Exercises Rotator Cuff Exercises is a "must take" course for you.

For more details visit - http://EffectiveRotatorCuffExercises.com

Interested in a Shoulder Injury Guide?

Visit http://ExercisesForInjuries.com

To order these manuals, visit http://ExercisesForInjuries.com
Ready-to-Download Video Presentations from Rick Kaselj

Scapular Stabilization Exercise Program

Shoulder injuries lead to pain, prevent people from doing the things they love and make the simplest tasks challenging. Many will learn strength exercises to help them recover from their shoulder injury, but too often these strength exercises will lead to slower recovery from a shoulder injury. What needs to be done before strengthening the shoulder is activating, building endurance and strengthening the scapular stabilization muscles. Adding this one step will speed up the recovery from a shoulder injury and prevent re-injury of the shoulder.

For more details visit - http://ScapularStabilizationExercises.com/

Sacroiliac Pain Solution

The most common and most ignored injury in females is the sacroiliac joint. Most times the exercise program that is given is what one would give for someone with a lumbar spine lower back injury,. The SI joint exercise program design is very different than that of a regular lower back injury program. In this practical and hands on presentation you will learn the 5 step exercise process to overcome your client’s or your sacroiliac joint (SI joint) injury.

For more details visit - http://SacroiliacPainSolution.com/

Shoulder Pain Solved

Shoulder pain is one of the most common injuries people will face. Many times people will just stop using their arm in order to avoid the pain. The odd time they use their arm, they will be reminded of their shoulder pain. Don’t just ignore your shoulder pain, do something about it. Shoulder Pain Solved is a step-by-step program that requires minimal equipment and only a few minutes a day in order to get you on the road to a pain free shoulder.

For more details visit - http://www.shoulderpainsolved.com/shoulder-pain-solved/

Lower Back Spinal Fusion & Exercise

In many situations, a lower back condition can lead to lower back spinal fusion surgery. It is estimated 126,000 spinal fusion surgeries occur a year in the USA and since 1996 the number of surgeries has increased by 116%. The group that has had the greatest increase in lower back spinal fusion is adults over 60. Lumbar compression fractures, spinal deformities, spondylolisthesis, lumbar instability, disc herniation and degenerative disc disease are common conditions that can lead to lower back spinal fusion. A key component in the recovery from lower back spinal fusion surgery is exercise. The role of exercise after spinal fusion is important in speeding up recovery, strengthening the muscles supporting the vertebrae and improving the endurance of core stability muscles. The focus of the spinal fusion and exercise webinar will be exercise program design and exercises for a client who has had a lower back spinal fusion.

For more details visit - http://exercisesforinjuries.com/lumbar_fusion_exercises/
Exercise and Plantar Fasciitis

The role of exercise for plantar fasciitis is vital in helping with a speedy recovery, decreasing pain, decreasing the risk of reoccurrence and in creating an action plan on what to do if symptoms return. The focus of the plantar fasciitis and exercise video presentation is an exercise program and exercises for a client that has plantar fasciitis.

For more details visit - http://BestPlantarFasciitisExercises.com

Knee Injury Solution

I often get asked, “How do I strengthen my knees?”, or “I have injured my knee, what exercises can I do to fix it?” Knee Injury Solution answers these questions. It give you videos and an exercise manual with a variety of exercises that you can do with minimal or no equipment to strengthen your knees, rehabilitate or prevent a knee injury.

For more details visit - http://KneeInjuryExercises.com

Interested in receiving over $299 worth of fitness education information?

Visit http://ExercisesForInjuries.com