Flexibility Resource Guide

A Guide to Improving Hip and Shoulder Flexibility

GMB Flexibility Resource Guide

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INTRODUCTION

With very few exceptions, just about everyone who buys one of our programs, peruses our free information, or lands on our website for some other reason have one thing in common:

They want to get more flexible.

And if you're reading this guide, you probably do too. We only sell one program that specifically addresses flexibility - but flexibility is an element of training that is near and dear to our hearts, and it really runs through ALL our programs, not just Focused Flexibility. Flexibility issues are so pervasive that we really can't neglect them in our programs.

In any case, it's probably safe to assume you're looking to improve your flexibility in particular areas of your body, and you'll definitely get some good tips to help you in this guide.

But what exactly is flexibility? What is stretching?

These may seem like simple questions, but it's really fundamental to understand the answers to them if you want to have the best chance of success.

What is Flexibility?

First, let's talk about what flexibility is not.

It's Not About the Splits

A common misconception is, in order to be considered flexible, you have to be able to get into the full splits. This is wrong on so many levels.

For some reason, people are obsessed with the splits, and they think the splits are the only measure of flexibility. In reality, flexibility is about A LOT more than the splits, and chances are, you have zero need to be able to do the splits anyway.

After all, stretching is a means to an end, and the stretching you do should always contribute to your end goal.

So, if your goal is to be able to do a really solid handstand, but you have stiffness in your shoulders that limits your movement ability, you need to focus on shoulder flexibility – and practicing the splits will not help you get there.

Many people also think of flexibility in very black-and-white terms – either you're flexible, or you're not. Well, that's not how it works at all. Flexibility is relative to your particular needs and your particular goals.

Examine why you want to get flexible in the first place, assess your needs, and make sure your flexibility practice serves your goals.

How it Works

So, now onto what flexibility is.

A lot of the quicker gains in flexibility appear to be from a change in the default tone in your muscles. The nervous system input to your muscles controls the state of your muscles and how much it is contracted or relaxed. There is a certain level of this tone whenever you are awake and moving around.

Stretching appears to affect this nervous system input to the muscles, so that there is less resistance to lengthening changes.

This has a lot to do with the phenomenon of people that are just "tight," who seem to be bound up and have difficulty with flexibility as a rule, and even more difficulty in trying to change it.

Perhaps because of a combination of genetic predisposition, habitual patterns, and personality, they are quite a bit less flexible than "normal".

Actual soft tissue (tendon, ligament, muscle, fascia, etc.) change is the much debated part of this conversation. *Imagine screaming and flying fists at national conferences. (Well, maybe not that bad...)*

It is reasonable to say though, that the scarring and adhesions that happen from soft tissue damage can be affected through exercise. Either earlier in the time after injury, when the tissue is more pliable, or in the case of chronic issues, actually restarting an inflammatory cycle so that the tissue can heal in a better fashion.

But again, whatever the case, worry less on the exact particulars, and focus on making the changes for your goals. That's the most important thing.

The Flexibility Controversy

It's very interesting (to us anyway!) how much of a controversy there is surrounding the practice of stretching and increasing flexibility. It seems pretty simple:

If you want to get flexible, you gotta "stretch it out!"

The main issues are the physiological processes involved in improving range of motion. There is conflicting research over what is happening with changes in flexibility, what in particular is being lengthened, and

whether anything is being lengthened at all. It's enough to make your head spin, if you think about it too much!

So our advice is not to dwell on it.

Focus on the changes you see within yourself, establish some kind of baseline measurement (such as we provide in the Basic Assessment Positions Protocol of Focused Flexibility) of your condition, go through a program for a reasonable period of time, and assess how you feel after that.

Odds are you'll be doing and feeling better, and that's the bottom line.

How to Use This Guide

So, now that you know what flexibility is, and what it isn't, it's time to figure out how to incorporate flexibility work into your life in a safe and effective manner.

This guide was designed to take the guess work out of the equation. We'll give you a clear understanding of the areas of the body that tend to cause the most trouble, and we'll give you some exercises to implement.

Don't try to take on too much. There is a lot of information in here, and trying to incorporate everything will just get you in trouble.

To try to avoid information overload, we've separated the "Problem Areas" portion of this guide into sections. Feel free to skip ahead to the section that is most problematic for you before reading through the other sections.

Even if every one of these areas presents issues for you, take on one thing at a time. Trying to do all the stretches discussed throughout this guide will just overwhelm you and tire you out. So pace yourself.

Problem Areas

Any individual can have limited range of motion in just about any part of the body, but there are definitely some common denominators for most people with flexibility issues.

The bottom line is most people in today's world spend most of their time sitting (in a chair, in the car, etc), which is a fairly recent phenomenon.

Not surprisingly, all sorts of research is coming out in recent years suggesting that all this sitting is pretty bad for longterm health. The short-term deficits, though, really don't need research to back them up.

Just think about it - when you've been sitting for 2 or 3 hours straight, your body feels tight and uncomfortable when you stand up.

Even if the initial discomfort goes away after a few minutes, the tightness from sitting for so long, day-in and day-out, accumulates and can cause some more severe problems.

Taking Action

In this guide, we'll cover the two most commonly affected areas of the body - the hips and the shoulders. We'll discuss the specific issues surrounding each of these areas, and leave you with a few exercises to practice for each one.

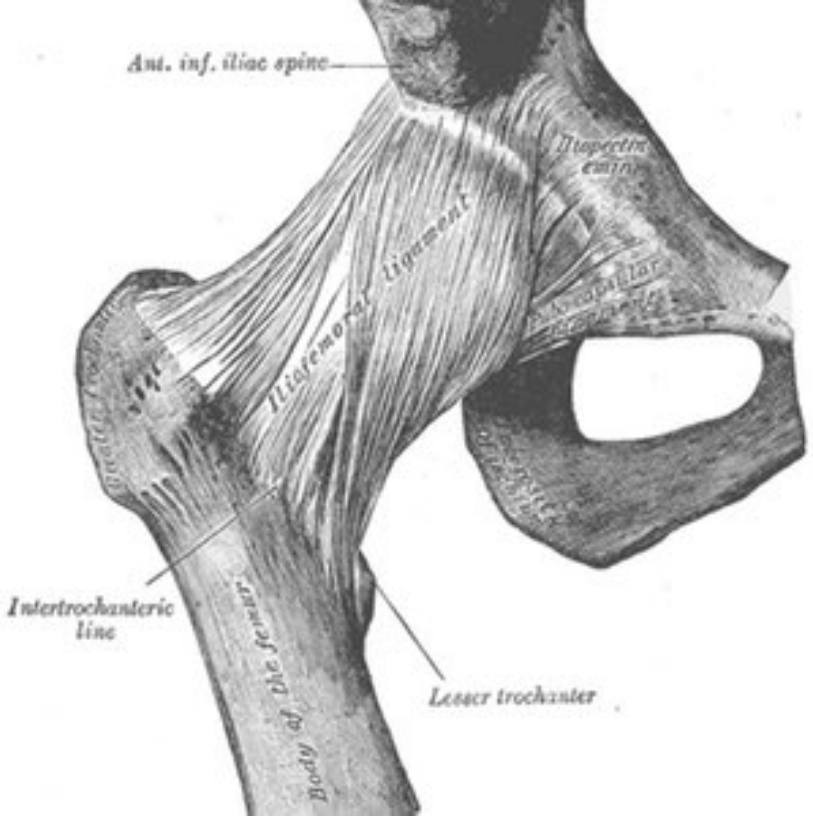
THE HIPS

It's difficult to exaggerate the importance of hip flexibility and strength for every athletic activity.

The hips provide most of the incredible power and force that our lower body can generate for running and jumping, and deficiencies in strength and flexibility in this area of the body can mean the difference between a winning performance or a painful end to the game.

Beyond athletic activities, though, issues with your hips can negatively impact your daily life.

Possible issues include pain, decreased mobility for activities such as stooping and squatting, and even difficulty with simple daily encounters such as jumping over a puddle in the street.



I'd like to share some essential points about the hips that can help you understand a bit more about what's happening in this area and how it can impact your training and life.

Hip Structure

When my patients and clients describe some of their hip issues to me, they can point to a pretty wide area that seems to be anywhere from right below their low back to the middle of their legs.

And actually, because of all the various muscles and structures in the region, that's very reasonable.

Though the hip joint itself refers to the femoral head (the "ball" on the top of your leg) connecting to the acetabulum (the "socket") of the pelvis, it really is a much bigger area than you might think, especially when we account for the large amount of myofascial structures surrounding the joint.

Just to give you a picture of what's shaking in your hip, here's a list of the relevant muscles:

- Hip Flexors (rectus femoris, pectineus, psoas, iliacus, tensor fascia lata)

- ★ Hip Extensors (gluteus maximus, semitendinosus, semimembranosus, biceps femoris)
- ★ Hip Rotators and Abductors (quadratus femoris, obturator internus, gemilli, gluteus medius, gluteus minimus, piriformis, sartorius)
- ★ Hip Adductors (adductor longus, adductor brevis, adductor magnus, obturator externus, gracilis)

All of these muscles support and allow the hip to move and generate force in a variety of angles and positions.

Weakness and decreased flexibility in any of these muscles can compromise performance and possibly generate pain through inappropriate stress and strain from normal daily and recreational activities.

The Hip vs. the Shoulder

Compared to the shoulder joint, the hip is much bigger and sits more deeply in the socket. Because the hips have to carry the majority of our bodyweight through thousands of steps a day, they need to be quite stable, whereas the shoulders need to be more mobile in order to move our hands through all our daily tasks.

This isn't to say that hip mobility isn't as important as hip stability, especially when we consider that we want to do much more than just walk or stand all day.

Flexible hips are necessary for the variety of exercises and fitness training that we recommend here at GMB.

The ligaments of the hip are also much thicker and stronger than the shoulders because of the larger amounts of strain and pressure in this area.

You generally only see hip ligament issues due to high force trauma or moderate force, repetitive overuse in sports that require a lot of jumping/landing, and force production in supranormal ranges of motion (such as with dancers, track and field athletes, martial and performing artists).

The Two Most Common Hip Complaints

The primary pain complaints regarding the hip are muscle strains (in the hamstrings, hip adductors, flexors) due to unfamiliar exertion or overuse, with the root cause of poor movement patterns as a result of deficient strength, flexibility, and/or coordination.

And along those lines, the primary non-painful complaints about the hips are in regards to hip tightness.

Perhaps it's because of all the sitting we do, in our cars, at our desks at work, and on the couch plopped in front of the TV, but we lose a lot of the natural hip flexibility we had as children.

Unless your day job has you squatting and twisting on a regular basis, it'd do us well to take our hips through a much greater range of motion than is needed for our daily tasks alone.

Decreased strength is a concern as well, since the big (and small) muscles surrounding the hip need more stimulation than is gained from everyday walking. The prevalence of hamstring and groin strains in "weekend warriors" is a testament to how poorly conditioned we are for more athletic activities when we spend 6 days out of 7 sitting on our butts.

It would be oversimplifying to the point of error to generally identify particular hip muscles as either weak or tight.

Just as most everybody thinks they have tight hamstrings, whereas in all likelihood they instead have weak hamstrings and weak glutes.

Tightness doesn't necessarily go along with strength, nor flexibility with weakness. It is entirely possible, and likely more probable, to be both tight and weak simultaneously, especially at the hips.

How to Build Flexible and Strong Hips

So, you know by now that, to build the healthiest hips possible, they need to be both strong and flexible – one or the other won't cut it.

In the videos linked below, I'll show you some exercise variations to improve these attributes. These exercises will help you address the various weaknesses and inflexibilities that tend to build up over years of misuse and poor movement patterns.

Hip Flexibility Training Video

I've shown a variety of stretches and flexibility exercises in a previous article (you can find those here), and there's literally no end to flexibility material on YouTube and other sites online.

So, in this latest video, I wanted to share some twists on old standbys to demonstrate how to approach flexibility training in a less regimented and more exploratory manner.

Click here to watch this hip flexibility video:

★ https://www.youtube.com/watch?v=Tc2iwy4vAAc

In general I suggest moving in and out of a stretch a few times before holding the position for 30 seconds or longer. This serves as both a warmup and as a natural priming for the muscles to accept a stretch without the natural reflex resistance.

Don't worry about sets and reps and hold times; instead, re-frame stretching as experimenting with different angles and positions.

From time to time we get comments from people that they "can't even get into the starting position" of some of the stretches we show. Well really, the starting position is wherever you can start it. The idea is not to mimic the exercises exactly but to begin wherever you can, and go from there.

Hip Strength Training Video

The standard big strength moves such as squats and lunges are important pieces for building great hip and leg strength, but be wary of training the same patterns over and over again. It's nothing to do with "muscle confusion" or any nonsense like that; rather, it's that we tend to form fixed movement patterns with consistent repetition of any skill.

Consistent repetition is the basis of motor learning!

Yet, this is a double edged sword as every repeated movement gets ingrained and fixed, even if we don't necessarily benefit from the move. Changing position and angle of force in exercise stimulates not just the local muscle, but also the neurological connections between the respective body areas and the brain.

In this video I'll show you a few new ways to change up classic leg strength exercises. Give these a test run and let it inspire you to create some variations of your own.

Click here to watch this hip strengthening video:

★ https://www.youtube.com/watch?v=_K8bIIORNBg

Again, don't worry too much about sets or reps. Just see this as an opportunity to practice.

Change Things Up for Consistent Results

Strong and flexible hips are key for nearly every athletic endeavor, as well as many aspects of normal, daily life. Since they are key players in both generating force and attenuating strain, the hips are protective for the low back and the knees.

Too often we find ourselves performing the same movements every day. Absorbed in the routine of work and home life, we lose sight of our hips' incredible potential strength and mobility. Spend even just ten to fifteen minutes a day on fundamental and creative hip exercises and you'll notice a dramatic increase in your ability to move your whole body strongly and gracefully.

Additionally, athletic ability is measured by quick movement change, creative actions, and the right use of your strength at the right time.

Just as you should strive to be consistent in your exercise plan, you should also be vigilant in continually assessing your strengths and weaknesses. With these various findings and applying your observations into your regimen, you can persist in productive training throughout your life.

Poor movement involves a combination of strength, flexibility, and motor control/coordination so it behooves us to work on a diverse range of movement and exercise, both to keep us motivated and optimally functioning.

Explore What Your Hips Can Do

It's great to have a foundation of a regimented exercise routine and plan, which along with consistent, hard effort, brings the best increases in performance and ability. This is especially true for beginners and people returning to their training after a long period off.

But at some point you'll be hitting diminished returns based upon the time spent doing the same repetitive actions day after day. When you start to feel stale, or your energy levels drop, remember the fun you had as a child just playing around, and seeing what new things you could do with your body.

I shot this video recently, not to teach a particular exercise, but to show what I mean by 'playing around' with movement.

Click here to watch this video of exploratory hip exercises:

★ https://www.youtube.com/watch?v=Zc6AbQXPICU

Take your time and give yourself room to explore all the various actions and positions your hips can handle. This is the true key to improving all aspects of your hips range of motion and power.

THE SHOULDERS

If you're like most people, you've got, not just one, but two shoulders.

Besides simply keeping your arms attached to your body, the shoulders do a lot of work, so keeping them healthy is definitely in your best interest.

Shoulder is pain extremely common, with estimates of up to 70% of people affected over the course of their lifetimes.

If left untreated, it can turn into a chronic problem that affects daily activities, such as carrying your groceries and reaching to put them away, as well as recreational activities like handstands and other bodyweight control moves we teach here at GMB.

We ask a lot from our shoulders – the strength and flexibility to reach, hold, lift, carry, press, and pull.

It's no wonder that the stress and strain of everyday life can cause as many shoulder problems as traumatic injuries. We simply use our upper extremities so much that issues are bound to happen.

Let's take a look at how they work, and how just about every upper body movement and muscle involves the shoulder.

How the Shoulder Works

When most people speak about the "shoulder joint," they are likely referring to the ball and socket joint formed by the humerus (the upper arm) and the scapula (the shoulder blade).

It's a shallow socket, the glenoid fossa, which allows for a much greater range of motion at various angles than the deeper socket of the hip.

Another joint is formed at the connection between the clavicle (collarbone) and the acromion process of the scapula. This "A-C" joint is what is injured when someone has "separated" their shoulder. You can actually see a gap or "step off" at that junction point in more severe separations.

In addition to these joints, there is the connection between the scapula and the ribs, the so-called scapulothoracic joint.

Unlike most joints that are attached by ligaments, the scapulothoracic joint is controlled and limited solely by muscle attachments.

So with these three joint connections, along with the many muscles strapped around the area, the shoulder is a complicated structure that keeps many health care professionals in steady business.

Our purpose here isn't to present all of the finer details of the anatomy of the shoulder, but to give a broad understanding of what's happening in the area. This general understanding can help to prevent and/or assist in the various shoulder injuries that can happen to us.

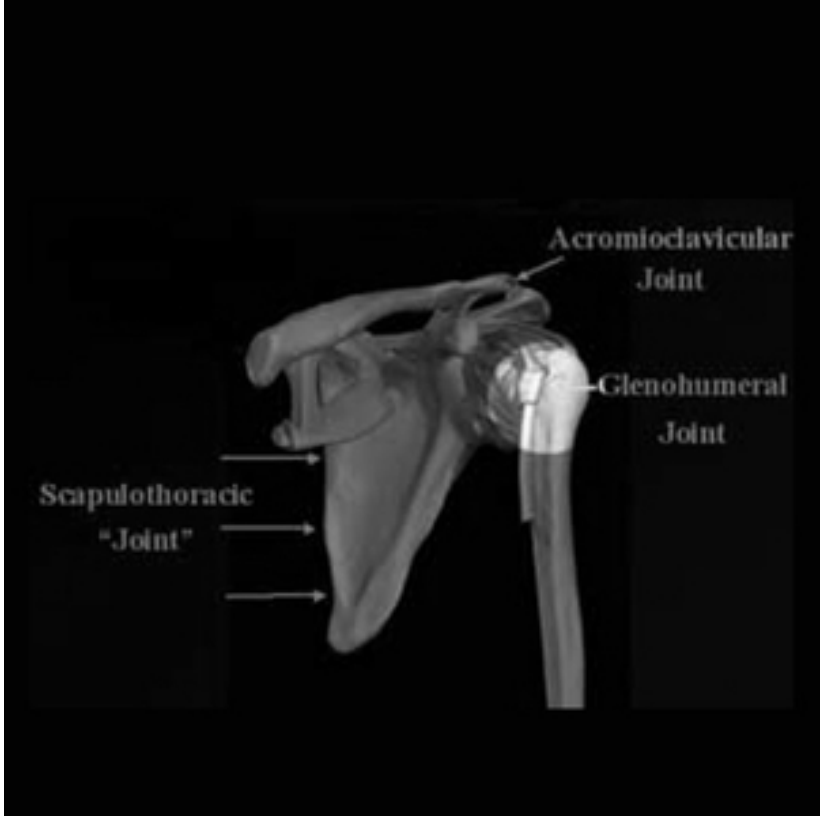
The Joints of the Shoulder

Because the shoulder girdle is so complex, some basic knowledge of how joints work will help you understand the recommendations that follow.

On the simplest level, any joint is the connection between two bones and determines the axis upon which those bones can move.

The physical connection between joints are ligaments, which prevent abnormal motion and protect the joint from forces that would otherwise pull it apart.

The most movable joints, the ones we are most concerned about in our physical activities, are surrounded by a capsule comprised of thick outer tissue and a thinner inner tissue. Within this capsule is fluid, cartilage, and other tissue, all of which protect, nourish, and assist in shock absorption and free movement – the most important qualities we want in our joints.



Since the joints are what allow us to move, they are good reference points to describe the shoulder girdle and its components that can cause pain, stiffness, and other issues.

To simplify and provide the most amount of information with the least amount of headache, we'll focus on three major joints of the shoulder:

- ★ Glenohumeral
- ★ Acromioclavicular
- ★ Scapulothoracic

Within and surrounding these structures are the various soft tissues that make the shoulder both strong and mobile.

The Glenohumeral (G-H) Joint

The glenohumeral (G-H) joint is responsible for most of the range of motion of our arm through space, so even relatively minor stiffness in this joint can affect our activities quite a bit.

As previously mentioned, this is a relatively shallow joint, and although it allows for a greater range of motion, it also makes the shoulder less stable and more vulnerable to traumatic forces.

The G-H ligaments (superior, middle, and inferior), along with the joint capsule, work to keep the ball in the socket. When someone dislocates their shoulder, these are the structures that are damaged.

Because of the variety of soft tissues within the G-H joint, lack of use often causes stiffness due to adhesions between the many folds and sliding points. Structures effectively get "stuck" together like plastic wrap and restrict your motion. Use it or lose it applies well to the shoulder.

The big muscles in the upper body all converge at this joint to move our arms (or our body through our arms).

The pectorals pull the arms forward and across the body, while the latissimus pulls the arms down and behind the body, and the deltoids and traps raise your shoulder girdle and arm upward.

These are powerful muscle groups that work hard in all the lifting, carrying, pushing, and pulling tasks we set out to do.

The smaller muscles at the G-H joint that make up the "rotator cuff" assist in maintaining proper position of the humerus within the joint.

The individual muscles have specific motions: Supraspinatus (beginning of shoulder abduction), Infraspinatus (external rotation), subscapularis (internal rotation), and teres minor (external rotation and adduction), but their main job is to hold the humeral head in position while the bigger surrounding muscles raise the arm up and overhead.

Other important soft tissues at this joint are the bursa.

The bursa are fluid-filled sacs that decrease friction and provide padding between bone and other structures for protection and freer movement. They can be irritated through trauma (such as a fall or being hit), or from repetitive stress and inflammation and swelling here can cause motion limitation and pain in the area.

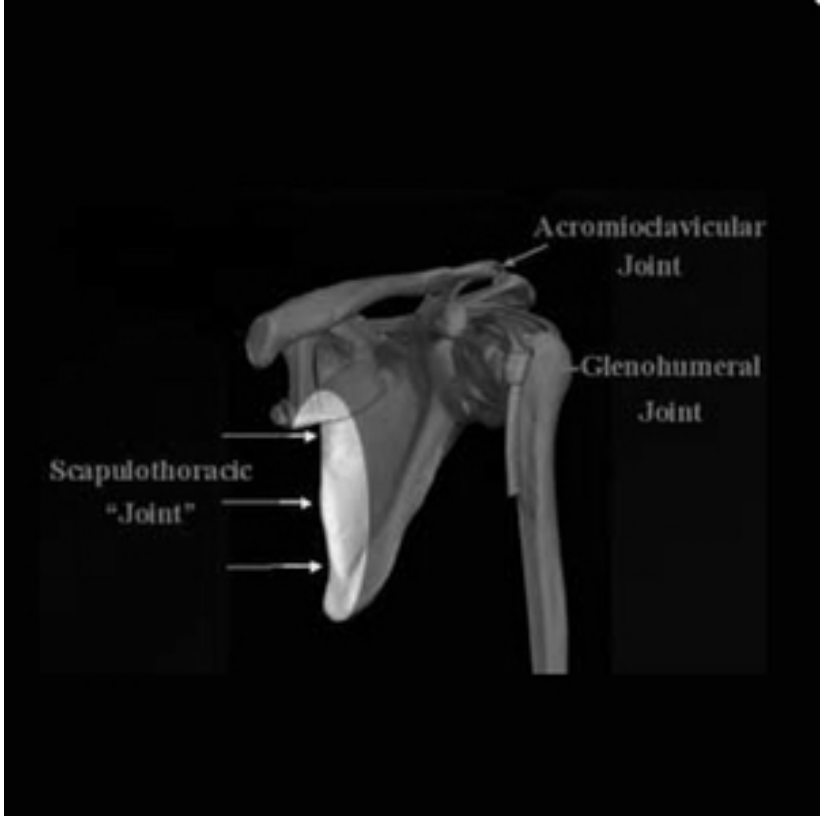
The Acromioclavicular (A-C) Joint

The acromioclavicular (A-C) joint does not allow as much movement as the G-H joint, but the movement it does allow is important for the last degrees of motion for reaching overhead.

It also serves as a rotation point to assist the shoulder blade in moving correctly, so that we can reach across in front of our body and back behind us. The A-C joint is also one of the last joints to mature and one of the first to experience degenerative changes.

Apparently there's only a small window of "optimal" health for our A-C joint!

Just as in the description of the G-H joint, daily exercise of working your shoulder through its full range of motion and flexibility does much for minimizing problems in this area.



The deltoid and trapezius muscles strap over the joints indirectly, and provide a dynamic support, but the main protection from trauma are the ligaments (acromioclavicular and coracoacromial).

These ligaments attach the collarbone to the shoulder blade, and from points from one part of the scapula to the other.

They support the joint to provide a stable pivot point for shoulder blade motion, and also help to form the "roof" above the rotator cuff and humeral head.

The Scapulothoracic Joint

Full shoulder motion in all directions can only be accomplished with a freely moving shoulder blade along the ribcage.

This motion is dependent upon the muscles attached at the scapula to the ribs and spine. And there are quite a few muscles – the trapezius, pec minor, all the rotator cuff muscles, rhomboids, and deltoids – that have attachments at the scapula. As such, all these muscles are affected and can impact shoulder blade mobility and support.

The shoulder blade is essentially free-floating with no ligamentous attachments to the spine or arm, so the various muscles and fascial attachments provide both movement and stability.

This is an incredibly important area for all upper body work in bodyweight style and calisthenic training. The scapulae need to be strong and mobile in all directions and combinations of directions (forward and back in both elevated and depressed positions), to both protect the shoulder and transfer power correctly from the trunk to our extremities, and vice versa.

Unfortunately, because of our decreasingly active daily lives and the ubiquity of desk and computer work, we rarely move our scapulae in all the varieties of motion they are meant for, and that we need for peak shoulder health.

And even in most gym and sport exercises, we often limit ourselves to repetitive common patterns rather than going through the full range of available motion. This is why the fundamental "shoulder opening" gymnastic and handbalancing exercises can be surprisingly difficult and hugely beneficial additions to our training.

What Can Go Wrong in the Shoulder?

The preceding brief description of the shoulder girdle shows just how complex and overwhelming this area of the body can be, and all the problems and issues that can occur with even just one structure not doing its job.

Virtually all of our upper body muscles converge with the shoulder in some way and their interrelationship is key for optimal shoulder health and performance.

Though the causes and solutions to shoulder problems are certainly complex, especially when considering the contributions of the spine and even hips and lower body, it basically boils down to poorly coordinated movement at the shoulder.

As I outlined in a previous article the particular causes of injuries can range from the obvious (trauma from a fall) to the more intricate (nerve irritation decreasing muscle strength, leading to improper joint positioning). Whether it is specific muscle weakness, or flexibility problems (both too much and too little) at muscles, ligaments, and within the joint itself, these all lead to impaired movement patterns.

And these poor movement patterns can cause repetitive damage to the tissues in your shoulder even from simply using it in normal everyday activities. This is why shoulder pain is so common in both professional and recreational athletes.

The Most Common Problems Facing the Everyday Athlete

Now that we've described the basics of the shoulder girdle, it's easier to understand the two most common causes of shoulder pain.

- **Impingement** – Repetitive irritation of structures under the acromial "roof" and the head of the humerus
- **Tendonitis** – Literally inflammation of the tendon. If symptoms don't subside with rest (~2 weeks), this indicates that a continued stress on the tissue is continuing the inflammatory response.

There are a variety of causes of the impingement syndrome from muscle strength and flexibility imbalances, capsular tightness, neurological effects and so on, but the global end result is the irritation of tendons, bursa, and other tissue causing inflammation and pain.

The inflammation and swelling that can occur is a critical problem because there is not a lot of open space in this region, and the expansion of tissue from swelling can further irritate the issue. It becomes a vicious cycle, which is why this syndrome is so common.

Tendonitis should actually be easily taken care of, with adequate rest and staying away from the painful motion, the inflammation should run its course and heal within two weeks.

But, just as with impingements, there can be several reasons for continued irritation. When this condition lingers, it can progress to more damage to the tissue (tendonosis). It's essential to address the root causes if you want to resolve the condition permanently.

How to Fix Your Shoulder Pain

I like to joke about "shotgun" therapy.

You essentially throw everything at a patient and hope something sticks. It often works, but then you have no idea what single intervention (or combination thereof) worked, or didn't work. It's a total crapshoot, and I for one don't like gambling on my patients' wellbeing.

That's why I don't recommend trying all of these suggestions at once. I'm providing you with options and allowing you to use your instinctive feelings of "This feels right!"

That's the very best I can do over the Internet.

Everybody Feels Pain Differently, Mmmkay?

Pain is a very complex subject. One man's pain is another woman's discomfort.

The latest pain science reveals that there can be little correlation between tissue damage and the perceived pain. You can take two MRI scans of different people showing obvious structural problems, and one will report no pain while the other can barely move without wincing.

Pain is a construct that is emergent, complex, and without simple solutions.

This is quite clearly seen by the millions of people dealing with a variety of back, neck, and extremity pain, some resolving quickly and some turning into years of problems despite many types of treatment.

(This article is a great summary of the current pain science. Though it may be a bit too technical for the lay reader, the list at the end of the article is a great synopsis of useful strategies for changing perception of pain through movement.)

Magic bullets do work sometimes, but they aren't a high percentage bet. The miracle treatments that do occur involve a peculiar combination of good timing, patient/practitioner rapport, the particular condition, and a bit of luck.

The reality of pain science requires an approach that is flexible and adaptable to your individual situation and may require all the avenues available to break through the problem.

So how do we know if what we are doing is going to affect our pain and function?

You Just Have To Give Things A Try

Yes, there is available research with "evidence-based" therapy and training that is quite good, but honestly and practically, you won't know until you try.

It doesn't seem very science-y, but it is actually the essence of science.

Tips to remember:

- Perform an intervention over a reasonable amount of time and then measure the results – that's about as scientific as it gets. Give these strategies a try for 1 month, then reassess.
- I've broken the following strategies into categories for both ease of understanding and integration into your current training.
- You'll soon see that certain exercises match well together. Also, the category of motor control/patterning is very important and if you can do the movements without pain, you should include these into your program as soon as possible.

Improving your skill in these exercises and modifying your habits, especially those generating pain, are the key to long lasting change.

Address Your Shoulder Pain

There are three major issues that can cause shoulder pain – issues with flexibility, strength, and/or motor control. Below, you'll find videos with exercises to help you address each of these issues.

Exercises for Improving Shoulder Flexibility

The following video offers some tips and tactics for improving your shoulder flexibility and motion:

★ https://www.youtube.com/watch?v=JNaLqploNBQ

The goal isn't necessarily to stretch a particular muscle, but to open your shoulders into new positions that allow a freer movement pattern. These improved motions can decrease stress to irritated tissues and also make your chosen recreational activities/exercise smoother and easier to perform.

With each of these exercises, don't be afraid to play with different angles and different lines of force – sometimes a slight variation of the basic movement can allow you to access different regions of that range of motion.

In general I use a dynamic contraction – in and out of the end range of the stretch for a few repetitions (5 to 12) – then hold for a period of time (30 seconds to a minute), as shown in our Focused Flexibility program. Don't be afraid to experiment with repetitions and hold times, some days will be better than others, and some days you'll find yourself doing the bare minimum.

The most important thing in flexibility training is consistency. Do a bit everyday and you'll get results.

Exercise/Movement	Key Points
Shoulder Openers on Bench	★ Both arms or one at a time ★ Side-to-side motion at end range ★ Scapular flaring at end range ★ Improves shoulder flexion and upper thoracic back bending
Shoulder L-Stretch	★ Shift to the same side arm for a light joint traction ★ Roll forward and back to find the specific area of greater tightness ★ Works on deltoid and posterior joint capsule
Scaption Angle Chest Stretch	★ Hand elevated on bench or on floor ★ Both hands or one at a time ★ Angled for safe and deeper stretching of chest and anterior shoulder
Elbows on Bench	★ Improves upper thoracic back bending with less strain on shoulders ★ Play with angles of shifting side to side and also rotation
Foam Roll	★ For a more specific spinal extension force ★ Play with side bending and breathing patterns ★ End with back muscle contraction/activation

Strength Exercises for Reducing Shoulder Pain

This video outlines a variety of strengthening options that you are likely not including in your current training program:

★ https://www.youtube.com/watch?v=0zVP5tSRbd4

Targeting the muscles of the shoulder blade and rotator cuff, these are great movements to improve the stability of the shoulder girdle.

These exercises are best done either at the end of your current routine, two to three times a week, or as its own dedicated training session.

Exercise/Movement	Key Points
Prone Scapula Series	★ Emphasizing shoulder blade retraction (pinching together) and depression (pulling down towards the hips) ★ Performed with shoulder externally rotated (thumb rotating outwards) to decrease impingement and to activate the rotator cuff ★ Best done in higher repetitions range (12 to 20 reps) ★ Play with static holds along with dynamic motion
Side Lying External Rotation	★ Lying on side with elbow propped up to create space between arm and your torso ★ This improves blood flow to the shoulder and improves the angle of force ★ Best done in moderate repetitions range (8 to 12 reps) ★ Play with static holds along with dynamic motion
Scapular Motion with Weight Bearing through the Arms	★ In a variety of positions, training scapular elevation and depression in both protracted (shoulders pulled forward) and retracted (shoulder blades pinched together) positions ★ Trains scapular muscles and also the rotator cuff, particularly the more vertical the pressure, such as in the inverted "shrugs" ★ Shift weight side to side while maintaining shoulder elevation or depression ★ Play with static holds along with dynamic motion ★ Best done in higher repetitions range (12 to 20 reps)

Shoulder Motor Control Exercises

The video linked below demonstrates a key part to improving shoulder function – the introduction of new movement patterns with stress and force from different angles, and with challenge to coordination and spatial awareness:

★ https://www.youtube.com/watch?v=o47GYJtu-C0

The crucial word here is "play." Play with movement variations, angles of pressure, and make each repetition slightly different than the last.

Feel free to add these moves whenever you can, either as a warmup for your current routine, or as a cooldown, or even when you have a spare few minutes of time.

Exercise/Movement	Key Points
Scapular Motions in Straight Arm Positions	★ The scapula should move freely through countless angles of motion ★ Perform in a variety of straight arm positions – On all fours, on p-bars (or other elevated equipment), "crab" and "bear" positions, and upside down ★ Don't count repetitions, don't push past fatigue, take your time and play with it using a concentrated and mindful attitude

Play! Have fun! It's okay, you're allowed.

Choosing the Right Exercises for Your Needs

The broad categories of shoulder strength and flexibility encompass a variety of exercises and movements – much more than we can show in one article.

The exercises presented above will address common issues for most people, and are especially useful for those who participate in movement disciplines and activities like those we teach here at GMB. The best approach is to assess your particular needs and choose the exercises that best fit your situation.

In general, look at how symmetrical your strength and flexibility are between both shoulders. Is one a bit different than the other?

If so, that's a great starting point and measurement for adding on specific shoulder exercises.

Decide Based on Your Goals...

If you are training for a sport or have physical goals in your exercise regimen, you are probably already aware of what you need to do to improve your performance.

Being "as strong and flexible as possible" is a great goal, but it's not a useful training focus.

Instead, you should have specific targets, especially when you have issues such as shoulder pain and stiffness. As we keep harping here at GMB, goals are important tools for your training. Goals give you direction and a sense of purpose, when you otherwise may feel like you are just floating along.

Floating isn't necessarily a bad thing, but it's not the fastest way to reach a goal either.

...But Don't Neglect Novelty and Exploration

In the case of Motor Control, the sense of free-form play is the right attitude.

Novel movements break up your normal routine and wake up your mind and body. Physical habits and holding patterns creep up on you slowly and settle in without you being aware.

New movements just for the sake of doing them give you benefits far beyond those of the actual physical effort. Every way of getting out of the doldrums and plateaus of training is a precious commodity.

Especially when it concerns chronic pain.

There can indeed be a *habit of pain* – you can be so accustomed to pain and dysfunction that it gets "sticky." We tend move in the same ways day after day especially in our exercise training.

Being stuck in these same movement patterns is a big player in continuing pain complaints despite different treatments. In the pain science article above, the emphasis is on variety and altering movement as much as possible to break free of patterns and the pain cycle. And the last tip *"Ad lib and have fun"* could have been taken out of the first page of the GMB playbook!

Don't neglect the importance of improvising and playing with movement. It's more than just fun, it's also a key to better health and fitness with less pain and dysfunction.

Creating Your Own Shoulder Recovery Routine

Take some time to examine your particular needs and play with adding a few of these techniques to your training.

- For the flexibility exercises, choose a couple of variations for the shoulder opening and see how it affects your condition over a couple of weeks.
- And the same for the strength exercises – pick two moves that seem to be the weakest for you, and incorporate them into your regimen and re-assess in a month.
- For the motor control exercises, pick a couple that look the most fun to do and sprinkle them in to your sessions and daily activities, you'll be glad you did.

RECOMMENDATIONS

The recommendations in this flexibility resource guide will take you far with improving your hip and shoulder flexibility. Of course, you've got many other body parts as well, and your particular needs will differ from another person's.

That's why our **Focused Flexibility** program is fully customizable and works off of assessments of your personal needs and goals.

When you're ready to take your flexibility work further and address your areas of stiffness more specifically, Focused Flexibility is a good next step.

Click here to learn more about Focused Flexibility.

If you have any questions about resource guide, or any other training questions, don't hesitate to get in touch.

Thanks for being here!

The GMB Team