

General tips for return to weight training after elbow & shoulder surgery



Tanya Anne Mackenzie

Do not return to weight training until your elbow consultant gives you the go ahead. Bearing in mind that full return to 100% weight lifting will take you a full year. The following are tips for your return to weight lifting.

Before embarking on a weight training program, you should have full range of shoulder motion and normal strength in the rotator cuff and scapular muscles. Your motion and strength will be tested by your physiotherapist.

The weight

There is a correct technique for lifting weight and you should not increase the weight unless you are confident that you are doing so correctly. Increase the weights SLOWLY and know your limits.

Correct Balance

Start with lighter weights and ensure that you have correct balance before progressing to heavier weights. It is a good idea to start with empty barbells first and ensure correct balance before adding the weight.

Grip width

A NARROW squatting grip leads to more elbow stress and a WIDER grip lead to shoulder problems. Try and keep as much specificity with respect to the chosen exercise. Other tips are to take breaks from the repetition of squatting positions only and intersperse these with front squats, giant clambered bar squats, safety squats and bar squats.

Stretching

Stretch the forearm muscles to maintain adequate length of these tissues. Do these as instructed by your physiotherapist. In addition stretch the palm fascia by stand next to a table and place a spikey ball under the palm of the hand, then with the elbow extended roll the ball to massage the area.

NEVER perform any weight training exercise to the point of muscle failure. This weakness will result in loss of stability around the joint and subsequent joint injury.

The AAOS Personal Physician and Group Practice Web Sites advises to avoid the following weight training exercises after elbow surgery:¹

- Pull downs behind-the-neck (wide-grip)
- Behind-the-neck shoulder press
- Wide-grip bench press
- Standing lateral deltoid raises
- Triceps press overhead

¹ "AAOS Personal Physician and Group Practice Web Sites."

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The AAOS Personal Physician and Group Practice Web Sites advises that the following exercises require special cautions²

- Pull downs should only be done in front of the head, to the chest, with a medium (not wide) grip.
- When doing the shoulder press (military press) overhead avoid heavy weights. Start with the hand in front of the shoulder and end overhead where you can still see your hand.
- When bench pressing, your grip should be no wider or narrower than the width of your shoulders.
- Avoid lateral deltoid raises instead do forward raises in the “thumb-up” position. The prone or bent over position can be done as a substitute for standing lateral deltoid raises.
- Always have a help to removing and replacing the barbell when doing Incline bench press with barbells to avoid the risk to shoulder dislocation.
- Do not do any chest-fly exercise with straight elbows and never lower your hands behind the level of your chest.
- When using a “Pec-Deck” machine, do not let the weight stretch the elbows to pass behind your chin.
- When doing “dips” using a set of parallel bars, never lower yourself below the point where the elbows reach a 90 degree angle.
- Triceps push-downs on a pulley system are safe as are bent-over triceps extensions than overhead triceps.
- During upright rowing keep your grip at least 12 inches apart. On the upward pull do not raise the bar higher than the point at which the elbow reaches shoulder level.

Take 3 to 6 months of cautious, gradual progression to return to weight training. As a guide do not increasing the amount of weight lifted by more than 10-15% (at a time) of your present working weight every 10-14 days.

Reference

³“AAOS Personal Physician and Group Practice Web Sites.” Accessed September 18, 2014.
<http://orthodoc.aaos.org/pows.cfm>.

² Ibid.

³ Ibid.