

SHOULDER STRENGTH / 4-WEEK STARTER

Shoulder strength starter programme

A four-week plan for gradual-onset shoulder pain

A practical starting plan for active people and cricketers with gradual-onset shoulder pain during lifting, pressing or overhead activity including throwing and bowling. It focuses on comfortable movement and progressively rebuilt strength.

Who this plan may suit

This general starting plan is for adults whose shoulder pain developed gradually and is mainly noticeable with reaching, lifting, pressing or overhead activity. It may suit common rotator cuff-related shoulder pain, but symptoms alone cannot confirm the cause.

Get assessed before starting if

Your pain followed a fall or direct blow; the shoulder has dislocated or repeatedly feels as if it may slip; you have had recent shoulder surgery; or you have marked loss of movement, new significant weakness, or persistent numbness or tingling. This plan does not replace an individual assessment.

The plan at a glance

CHECK	WHAT TO DO
Frequency	Two sessions in week 1; build to two or three a week if symptoms settle well.
Session	About 15-25 minutes. Leave at least one rest day between sessions.
Equipment	A light resistance band, a wall and a sturdy bench or counter. A light bottle can replace a small weight (1L water = 1KG).

Use your response to guide the next step

CHECK	WHAT TO DO
Manageable	Mild discomfort can be okay if your movement stays controlled and symptoms settle back near usual by the following morning.
Scale it back	If pain builds as you go, changes how you move, or is clearly worse the next day, reduce the range, resistance or number of sets.
Stop and get advice	Stop if you develop sharp worsening pain, new weakness, a feeling of slipping, or new numbness or tingling.

01 / WEEKS 1-2

Start with a manageable load

Begin with two sessions in the first week. If the shoulder settles well by the following morning, build to two or three sessions a week. Leave at least one rest day between sessions.

EXERCISE	DOSE	HOW TO DO IT
Band row	2-3 sets 8-12 reps	Anchor a light band securely around chest height. Pull your elbows back close to your sides. Keep your trunk still and avoid shrugging.
Wall slide	2 sets 8-10 reps	Place your forearms on a wall and slide them upward through a comfortable range. Lower the height if the shoulder becomes more uncomfortable.
External-rotation isometric	3 holds 20-30 sec	Keep your elbow bent and tucked beside your body. Press the back of your hand gently outward into a wall or fixed band without letting the arm move. Use a firm, submaximal effort.

How hard should it feel?

Use a light-to-moderate effort. Finish each set feeling that you could do a few more controlled repetitions. Rest about 60-90 seconds between sets. If the band makes the movement sharp or difficult to control, use a lighter band or the isometric option.

A simple session log

CHECK	WHAT TO DO
Date / session	_____ Shoulder during exercise: _____
Next morning	About the same / better / clearly worse Change for next time: _____

02 / WEEKS 3-4

Build the challenge gradually

Moveto this stageafteraround twoweeks if your startinglevel hasfelt manageableandyour shoulder is not clearly worse the next day.If you are not ready, repeat the earlier stage for as long as necessary.

EXERCISE	DOSE	HOW TO DO IT
Band row	3 sets 8-12 reps	Use the same controlled row. Increase band tension only if the current version feels comfortable and steady.
Band external rotation	2-3 sets 8-12 reps	Elbow bent and tucked beside your body. Rotate your forearm outward against a light band without turning your trunk. Keep the isometric version if this is not yet comfortable.
Thumb-up raise	2-3 sets 8-12 reps	Hold a light weight or water bottle. Raise your arm slightly forward of your side, thumb pointing up. Stop at a comfortable height; you do not need to reach overhead.
Wall or incline push-up	2 sets 6-10 reps	Place your hands on a wall or sturdy bench. Bend your elbows to bring your chest closer, then press away. A higher hand position makes this easier.

Progress one thing at a time

When you complete the top of the repetition range with good control and your shoulder is not clearly worse the next day, make one small change: add a few repetitions, increase the comfortable range, or use slightly more resistance. Keep the earlier version if the next step does not settle well.

If you are not ready to progress

Repeat the week 1-2 plan, reduce the range or resistance, or leave out the exercise that keeps aggravating your shoulder. You do not need to force painful movement to make progress.

Track the response

CHECK	WHAT TO DO
Week 1	Sessions: 1 / 2 / 3 Shoulder next day: _____
Week 2	Sessions: 1 / 2 / 3 Shoulder next day: _____
Week 3	Sessions: 1 / 2 / 3 Shoulder next day: _____
Week 4	Sessions: 1 / 2 / 3 Shoulder next day: _____

03 / RETURN TO ACTIVITY

Use strength in training and cricket

The aim is to build capacity for the activities you want to return to. Progress back in to pressing, throwing and bowling in steps that match your symptoms and current training load.

For Cricket: Bowling, throwing, and overhead training

Keep comfortable training going where you can. Treat bowling, throwing and gym pressing as separate shoulder loads. When strength work and everyday tasks are going well, build back into throwing or bowling gradually and change one part of the load at a time, such as volume, distance or speed. This four-week starter is not a return-to-bowling clearance or workload schedule.

When to get help

CHECK	WHAT TO DO
Book an assessment	Arrange a GP or physio assessment if symptoms are worsening, are not starting to improve after about two weeks, make sleep or daily tasks difficult, follow an injury, or come with ongoing weakness or a sense of instability.
Seek urgent care	Get urgent help after injury if the shoulder looks deformed, you cannot use the arm, there is sudden major swelling, or the arm or hand becomes pale, cold or numb. If shoulder pain comes with chest tightness or trouble breathing, call 000.

Why this programme uses exercise

Current clinical guidance recommends an active rehabilitation programme for those with suspected rotator cuff tendinopathy. It may include movement-control work and resistance exercise at different loads; evidence does not establish one best exercise or dose. This plan is a practical starting template, not a tested protocol.

Further reading

Desmeules F et al. Rotator Cuff Tendinopathy Diagnosis, Nonsurgical Medical Care, and Rehabilitation: A Clinical Practice Guideline. JOSPT. 2025;55(4):235-274.

healthdirect Australia: Shoulder pain.

This information is for general education and is not a diagnosis or an individual treatment plan. If you are unsure whether it is suitable for you, seek advice from a physiotherapist or GP.