



Rotator Cuff Theraband Program

- ◆ DO EACH EXERCISE _____ TIMES (2-3 sets of 10 reps/set*)
- ◆ HOLD EACH EXERCISE POSITION FOR A COUNT OF _____
- ◆ DO THESE EXERCISE _____ TIME PER DAY, _____ DAYS PER WEEK, FOR _____ WEEKS
- ◆ DO NOT HOLD YOUR BREATH; BREATHE NORMALLY!
- ◆ DO NOT SLOUCH. STAND UP STRAIGHT!

TUBING/BAND COLOR PROGRESSION:

- ◆ YELLOW – very light
- ◆ RED – light
- ◆ GREEN – medium
- ◆ BLUE – hard
- ◆ BLACK – very hard

