**Glenohumeral Internal Rotation Deficit and Scapular Dyskinesia Protocol**

**Focus on IR and posterior capsule stretching**

* **Sleeper Stretch**: Hold for 20-30 seconds; 3 sets of 10

[](http://www.drlintner.com/rehab-protocols/shoulder-rehab-protocols/glenohumeral-internal-rotation-deficit/attachment/sleeperstretch1/)

* **Sidelying adduction**: stretch affected shoulder into adduction using unaffected side
  + Hold for 20-30 seconds; 3 sets of 10

[](http://www.drlintner.com/rehab-protocols/shoulder-rehab-protocols/glenohumeral-internal-rotation-deficit/attachment/sidelying2/)

* **Manual Stretching and joint mobilization**

[](http://www.drlintner.com/rehab-protocols/shoulder-rehab-protocols/glenohumeral-internal-rotation-deficit/attachment/manualpassive/)

[](http://www.drlintner.com/rehab-protocols/shoulder-rehab-protocols/glenohumeral-internal-rotation-deficit/attachment/jointmobilization/)

**Scapular Stabilization**

* Isometric scapular retraction and depression
* Scapular clock
* Shoulder shrugs
* Prone rows and seated rows
* Push-ups with a plus – wall, table, floor
* Supine scapular punches
* Lat pull downs
* Prone scaption