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| **Shoulder Strain/Sprain** | • Local pain at the shoulder that radiates down the arm<br>• Swelling, tenderness, pain, and stiffness<br>• Aggravated by lifting, reaching overhead, or reaching across the body | • Regain strength in the scapular stabilizers and rotator cuff muscles<br>• Restore flexibility of the shoulder complex<br>• Modify ROM and use the scapular position if pain-free (30 degrees anterior to the frontal plane)<br>• Modify exercises as necessary to prevent further injury | • Avoid aggravating activities or movements:<br>  ✓ Overhead, across or behind the body<br>  ✓ Physical therapy<br>  ✓ Modalities (e.g., ice or heat)<br>  ✓ Oral anti-inflammatory medication<br>  ✓ Cortisone injections |}
| **Rotator Cuff Injury** | • A feeling of sudden “tearing” followed by immediate pain and loss of motion<br>• Pain when reaching overhead or behind the back<br>• Pain at night or after activity | • Immobilization for 6–8 weeks to allow the repair to heal<br>• Passive ROM only, to prevent re-tearing<br>• Caution with overhead activities and straight arm exercises<br>• Modify exercises as necessary to prevent further injury | • See a physician or physical therapist<br>• Restriction from performing certain activities and ROM<br>• Surgery may be indicated<br>• May take 16 weeks or more to be cleared for exercise |}
| **Elbow Tendinitis** | • Nagging elbow pain at the lateral epicondyle or medial epicondyle during activities | • Regain strength and flexibility of the flexor/pronator and extensor/supinator muscles in the wrist and elbow<br>• Avoid high-repetition activity at the elbow and wrist<br>• Begin dumbbell biceps and wrist curls with low weight and repetitions<br>• Limit locking the elbow to prevent excess loading<br>• Modify exercises as necessary to prevent further injury | • Avoid aggravating activities or movements:<br>  ✓ Repetitive elbow and wrist flexion/extension<br>  ✓ Physical therapy<br>  ✓ Modalities (e.g., ice or heat)<br>  ✓ Oral anti-inflammatory medication<br>  ✓ Cortisone injections |}
| **Carpal Tunnel Syndrome** | • Gradual pain, weakness, or numbness in the radial 3-and-a half-digits and thumb<br>• Condition progresses to:<br> ✓ Night or early-morning pain or burning<br> ✓ Loss of grip strength and dropping of objects<br> ✓ Numbness or tingling in the palm, thumb, index, and middle fingers | • Regain strength and flexibility of the elbow, wrist, and finger flexors and extensors<br>• The client may be prescribed a wrist splint<br>• Avoid movements that involve full wrist flexion or extension<br>• Focus exercising in the mid-range of flexion or extension<br>• Modify exercises as necessary to prevent further injury | • Avoid aggravating activities or movements<br>• Physical therapy<br>• Modalities (e.g., ice or heat)<br>• Oral anti-inflammatory medication<br>• Cortisone injections<br>• Wrist splits during activity<br>• Surgery may be indicated |}
<p>| <strong>Greater Trochanteric Bursitis</strong> | • Trochanteric pain and/or paraesthesias from the greater trochanter to the posterior lateral hip, down the iliotibial tract, to the lateral knee&lt;br&gt;• Limping due to pain and weakness | • Emphasize proper training techniques, equipment (e.g., footwear), and early injury recognition&lt;br&gt;• Regain flexibility and strength at the hip&lt;br&gt;• Stretching IT band complex, hamstrings, and quadriceps&lt;br&gt;• Strengthening the gluteals and deeper hip rotator muscles&lt;br&gt;• Proper gait techniques in walking and running | • Avoid aggravating activities or movements&lt;br&gt;• Physical therapy&lt;br&gt;• Modalities (e.g., ice or heat)&lt;br&gt;• Oral anti-inflammatory medication&lt;br&gt;• Cortisone injections&lt;br&gt;• May use an assistive device, such as a cane |</p>
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| Iliotibial Band Syndrome | Gradual onset of tightness, burning, or sharp pain at the lateral aspect of the knee | Modify exercises as necessary to prevent further injury  
Avoid side-lying positions  
Limit higher-load activities such as lunges or squats | Avoid aggravating activities or movements  
Physical therapy  
Modalities (e.g., ice or heat)  
Oral anti-inflammatory medication  
Corticosteroid injections  
May use an assistive device, such as a cane |
| Patellofemoral Pain Syndrome | Pain with running, ascending or descending stairs, squatting or prolonged sitting  
“Achy” pain that occurs behind or underneath the patella  
Stiffness, giving way, clicking, or popping sensation | Stretch the IT band complex and utilize myofascial release  
Stretch the hamstrings and calves to restore muscle-length balance  
Strengthen the hip, knee, and ankle:  
- Closed-chain exercises such as squats and lunges  
- Limit open-chain knee exercises due to abnormal stress on the patella  
Modify exercises as necessary to prevent further injury | Avoid aggravating activities  
Modify training variables  
Ensure proper footwear  
Physical therapy  
Patellar taping or knee bracing  
Foot orthotics  
Oral anti-inflammatory medication  
Modalities (e.g., ice or heat) |
| Infrapatellar Tendinitis | Pain at the distal kneecap into the infrapatellar tendon during running, walking stairs, squatting, or prolonged sitting | Stretching and myofascial release of quadriceps, IT band, hamstrings and calves  
Restore strength throughout the hip, knee, and ankle  
Return slowly to loading activities  
Limit high-impact activities until tolerated  
Modify exercises as necessary to prevent further injury | Avoid aggravating activities  
Modify training variables  
Ensure proper footwear  
Physical therapy  
Knee bracing  
Foot orthotics or arch supports  
Oral anti-inflammatory medication  
Modalities (e.g., ice or heat) |
| Shin Splints | Medial tibial stress syndrome (MTSS):  
- A dull ache along the distal two-thirds of the posterior medial tibia  
- Anterior shin splints:  
- Pain along the distal anterior shin | Rest, modified activities, and cross-training for symptom relief  
Slowly introduce full unrestricted activity without exacerbating the symptoms  
Stretch the entire lower body, plus specific calf and soleus stretches, to address muscle-length deficits that may affect the foot and ankle  
Strengthen the lower body to address muscular defects and imbalances  
Gradually return to activity; too much too soon can re-aggravate symptoms  
Minimize an extreme change in surface, such as sand, to avoid further stress  
Modify exercises as necessary to prevent further injury | Modify training with lower-impact/lower-mileage conditioning and cross-training (e.g., aquatic exercise)  
Rest  
Modalities (e.g., ice and ultrasound)  
Oral anti-inflammatory medication  
Corticosteroid injections  
Heel pads and bracing |
| Ankle Sprains | Depending on the severity of the sprain (Grade I, II, or III) and kind (lateral or medial):  
- Minimal, moderate, or significant, tenderness and swelling, | Focus on restoring proper proprioception, flexibility, balance, and strength  
- General stretches for the lower extremity, specifically the calf muscles, due to tightness from immobilization | Grade I and II lateral sprains are often immobilized with an ankle brace for several days  
Grade III lateral sprains are often immobilized with a removable cast boot for up to 3 weeks  
Refer to physical therapy to |
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| Achilles Tendinitis| Pain above the tendon insertion into the calcaneus, initial morning pain  | Control pain and inflammation with modalities (e.g., ice), rest, and oral anti-inflammatory medication  
                      | that is sharp/burning and increases with vigorous activity                      | To help alleviate pain and prevent progression, utilize:  
                                                                                     |                                                                                   | ✓ Proper training techniques  
                                                                                     | ✓ Weight loss  
                                                                                     | ✓ Proper footwear or orthotics  
                                                                                     | ✓ Strengthening and stretching  
                                                                                     |                                                                                 |
| Plantar Fasciitis  | Pain in the medial side of the heel, pain that is most noticeable          | Modalities (e.g., ice)  
                                                                                     | with initial steps after a period of inactivity and may lessen with increasing levels of activity during the day  
                                                                                     | Oral anti-inflammatory medication  
                                                                                     | Heel pad or plantar arch  
                                                                                     | Stretching  
                                                                                     | Strengthening exercises  
                                                                                     | A physician may prescribe physical therapy, night splints, orthotics, or cortisone injections  
                                                                                     |                                                                                 |