Upper Extremity
Range of Motion Exercises

When exercising, remember:
1. Take deep breaths during and after each exercise and after each set of exercises. Complete 2-3 sets x 10 reps daily.
2. Pace yourself.
3. Follow exercise directions as listed
4. Notify your therapist if you have any questions or concerns
5. Do not force movements that cause pain or discomfort. Discontinue exercise if experiencing increased cramping, pain or discomfort.
6. Do not hold your breath while exercising

Scapular Elevation and Depression
1. Raise your shoulders up toward your ears
2. Now press your shoulders down, away from your ears.

Repetitions: ___   ___ times per day

Scapular Retraction
1. Squeeze your shoulder blades toward your spine bring your shoulders back with your chest forward.

Repetitions: ___   ___ times per day
**Shoulder Flexion**

1. Start with your arm by your side.
2. Slowly lift your hand toward the ceiling with your elbow straight.
3. Slowly bring your arm back down by your side with your elbow straight.

Repetitions: ___   ___ times per day

**Elbow Flexion/Extension**

1. Start with your arm straight at shoulder level.
2. Bend your elbow and bring your hand slowly toward your opposite shoulder and then push it out.

Repetitions: ___   ___ times per day

**Wrist Flexion/Extension**

1. Lift your fingers toward the ceiling, bending at the wrist.
2. Keep your forearm and elbow still at your side.
3. Lower your fingers to point toward the floor.

Repetitions: ___   ___ times per day
**Finger Flexion/Extension**

1. Begin with your elbow at your side with a 90° angle.
2. Start with your fingers in an open position.
3. Slowly curl your fingers in to create a fist and hold.
4. Straighten your fingers back into an open position.

Repetitions: ___ ___ times per day

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**Finger Opposition**

1. Start with your fingers in an open position.
2. Slowly touch the tip of your thumb to each of your other fingers.
3. Hold tip of thumb to tip of each finger for 2–3 seconds.
4. Straighten your fingers back into an open position.

Repetitions: ___ ___ times per day

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