# The ROYAL MARSDEN

NHS Foundation Trust

# Physiotherapy advice following accessory nerve involvement

During your operation it may have been necessary for your surgeon to remove a small nerve in your neck or it may be bruised. This nerve, called the accessory nerve, helps to control the shoulder blade which influences shoulder movement. Therefore, the shoulder on the same side of the operation may be weaker and more difficult to move. If it has only been bruised, the weakness in your arm will only last a few months.

If this nerve has been involved, it is important that you see a physiotherapist for advice on how to help strengthen your shoulder and arm in order to maximise shoulder function.



Accessory nerve

Trapezius muscle

#### Advice to help prevent you having shoulder problems

- Try to keep a good posture when standing or sitting; stand or sit tall whilst keeping your back straight and your shoulders relaxed. This will also help you to breathe deeply and will help the appearance of the shoulder area.
- Do not let your weaker arm hang unsupported. When sitting, use armrests or cushions to support your arm. When standing or walking, support your arm by placing your hand in your pocket or on your hip.
- Avoid sleeping or lying on the side of your operation as this may put more strain through the shoulder and cause pain.
- Avoid lifting or carrying heavy objects with your weaker arm as the weight can pull your shoulder down and forward. This can lead to pain and increased difficulty using the arm.

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#### Exercises for the shoulder

It is important to do exercises daily as advised by your physiotherapist in order to help strengthen the unaffected muscles around the shoulder. Carry out the exercises once a day and repeat each exercise 5 - 10 times.

#### Continue with the neck and shoulder exercises which you were given after your operation.





5.



1. Anchor rubber tubing to a solid object

- 2. Hold rubber tubing in both hands, elbows bent
- 3. Squeeze shoulder blades together
- 4. Pull arms backwards as shown 5. Hold for seconds

5. Hold for \_\_\_\_\_\_ seconds

6. \_\_\_\_\_ repetitions \_\_\_\_\_ times per day

6.



- Grasp rubber tubing in hands as shown
  Rotate arms outwards, keeping elbows bent
- 3. Hold for \_\_\_\_\_\_seconds and slowly lower
- 4. \_\_\_\_\_ repetitions \_\_\_\_\_ times per day.

**Further exercises** Pictures courtesy of PhysioTools

7.

## CONTROL OF RANGE: MIDDLE & UPPER TRAPEZIUS

START POSITION: Standing unsupported. Stand tall facing a wall with the head aligned over the shoulders and the upper back balanced over the pelvis. The forearms are placed in front of the body on the wall with the elbows slightly above shoulder height and with the hands pointing towards the ceiling. Occasionally you may need to push your head and body away from the wall to start this exercise.

MONITOR/CONTROL: Be aware of the position of the shoulder. It must not move forwards, up or down during the exercise.

ACTION: Keeping the hands on the wall, lift the elbows away from the wall by then, pulling the shoulder blades in towards the spine as far as they will move and hold this position. Hold at the point that feels easy to hold, not at the point that strain is felt. Do not let the shoulder blade hitch up towards the head or pull down towards the waist. Do not let the elbows move out to the side or let the head poke forwards or let the pelvis sway forwards. Move slowly and do not stretch.

Hold this position for	seconds, repeat	times
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L\_\_\_\_\_R





8.



#### CONTROL OF RANGE: SERRATUS ANTERIOR

START POSITION: Stand tall keeping the spine straight. Lean forwards at the pelvis and place both hands on the table with the fingers facing forwards. Bring the shoulder blades up 2 centimetres and back 1 centimetre and hold this position.

MONITOR/CONTROL: Be aware of the position of the shoulder. It must not move forwards, up or down during the exercise. It must not "wing" or stick out off the back.

ACTION: Take upper body weight through the hands and push the chest and head away from the hands to make the shoulder blades wide. Do not let the head drop forwards or the upper back to flex. Alternatively, shift the weight fully onto one hand and take the weight fully off the other. As you take weight on one hand, push the body further away from the table. Hold this position at the point that feels easy to hold, not at the point that strain is felt. Do not let the shoulder blade hitch up towards the head or pull down towards the waist or wing off the upper back. Do not let the upper body twist. Move slowly and do not strain.

Hold this position for \_\_\_\_\_\_ seconds, repeat \_\_\_\_\_\_ times

L \_\_\_\_\_ R

9.



START POSITION: Stand tall facing a wall with the head aligned over the shoulders and the upper back balanced over the pelvis. The forearms are placed in front of the body on the wall with the hands pointing towards the ceiling and elbows below shoulder height. Bring the shoulder blade up 2 centimetres and back 1 centimetre and hold this position.



ACTION: Keeping the shoulder blade controlled, slide the forearms Vertically up the wall until the elbows are slightly above shoulder height. Only move as far as the shoulder blade stays controlled. Keep the hand pointing up. Then return to start position. Do NOT let the shoulder blade move forwards or up as the arm lifts or let the shoulder blade drop as the arm lowers. Move slowly and do not stretch.

Repeat \_\_\_\_\_ times

L \_\_\_\_\_ R





#### Summary

Continue with exercises and advice as recommended by your physiotherapist. If you are having ongoing problems or feel that things have changed then please contact the Physiotherapy Department:

Chelsea	020 7808 2821 (answer phone)
Sutton	020 8661 3098 (answer phone)



