ROOTED MOTION PHYSICAL THERAPY

The Serving Shoulder Checklist

By Rooted Motion Physical Therapy

Move Better. Live Rooted.

For recreational tennis players whose shoulder has started talking to them after serving.

The Ache That Is Not Bad Enough to Stop

Shoulder problems in tennis rarely arrive. They accumulate. There is generally no single point at which something happened, which is why they get played through for months. Injury surveillance consistently shows shoulder complaints among the most common upper-limb problems in the sport, and most are overuse rather than trauma.

This checklist is arranged around a session: before you play, during, after, and across the week. The point is to notice a pattern early enough that changing something still works.

Before You Play

A shoulder that starts the session already compromised is where most of this begins.

☐ The shoulder has been specifically warmed up, not only the legs and a short rally
☐ Nothing is still sore from the previous session
☐ You know roughly how many hours you played in the past seven days
☐ You are not about to play through something you promised yourself you would rest

If you cannot answer the third one, that is worth fixing before anything else here. Training load is one of the more consistently identified modifiable factors, and it is impossible to manage a number you are not counting.

During the Session

☐ The ache is not arriving earlier in the session than it did a month ago
☐ Your second serve has not quietly lost pace to protect the shoulder
☐ You are not avoiding overheads or serving fewer of them than the match needs
☐ Discomfort stays in one recognisable place rather than spreading
☐ Nothing catches, clicks painfully, or feels as though it slips

The last one matters more than the others. A shoulder that feels loose or as though it moves is a different problem from a shoulder that aches, and the plans for those two differ. It is worth an assessment rather than more strengthening.

After You Play

☐ It has settled by the following morning
☐ You can reach behind your back roughly as far on that side as the other
☐ You are not needing pain relief in order to play the next session
☐ Sleep is unaffected, including lying on that side

What a difference between sides does and does not mean

Some asymmetry between the playing arm and the other one is normal in tennis, and develops with years of play. A restriction in turning the arm inward at ninety degrees, sometimes called a rotation deficit, has been widely described in overhead athletes and is often the target of stretching advice. Treat a difference as information rather than a diagnosis. What matters is whether it has changed, and whether it travels with symptoms.

Across the Week

This is the section that actually changes anything. Reviews of overhead athletes consistently point to a small set of modifiable factors: rotator cuff strength, particularly the external rotators; training load; and, less consistently, the movement of the shoulder blade. Previous injury is among the strongest predictors of future injury, and is not modifiable, which is the argument for treating a recurring ache as a signal rather than a nuisance.

1. Strengthen twice a week, year round, including the off-season. Rotator cuff and shoulder blade, not just the front of the shoulder.
2. Count your hours. Add playing time gradually, and change one thing at a time rather than the racquet, the hours and the intensity together.
3. Take at least one full day off the court in most weeks.
4. Train the legs and trunk as well, so the shoulder is not being asked to generate force the rest of you should be providing.
5. Reassess every few months, ideally against a baseline someone measured rather than against memory.

Where the common advice and the evidence part company

The usual advice for a sore tennis shoulder is to stretch it. The evidence for range of motion as a risk factor is genuinely mixed: one systematic review of overhead athletes found that both a lack and an excess of motion raised risk, while a more recent review applying stricter quality criteria found no clear association between rotational range and injury. What does hold up more consistently across both is strength and load. If you are going to do one thing, make it the strengthening rather than the stretching.

A note on how strong this evidence is. Much of the tennis-specific research is of moderate to low quality, and the reviewers themselves point out that these injuries do not arise from a tidy list of independent predictors. Take the direction of these findings seriously and any single number less so.

> **Stop playing and get assessed if**
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> - The shoulder gives way, slips, or feels like it briefly leaves the socket
> - You have lost power or reach that rest has not restored
> - Pain wakes you at night, or is present at rest rather than only when you serve
> - You have numbness, pins and needles, or weakness down the arm
> - The pain began with a single incident rather than building over weeks

The Rooted Motion Difference

- An evaluation of the shoulder, the trunk and the legs, not only the sore point.
- A baseline measured properly, so future change is visible rather than remembered.
- A clear answer on whether your shoulder is stiff or loose, because the plans differ.
- A staged serving progression rather than a return-to-play guess.
- Convenient concierge mobile physical therapy delivered where you are.

Has It Been Talking to You for a Few Weeks?

A shoulder that aches after every session is worth a proper look rather than another month of hoping. Most respond well to a plan that matches the load to the capacity you actually have right now.

Move Better. Live Rooted.

Contact Rooted Motion Physical Therapy to schedule your one-on-one evaluation.

Educational disclaimer: This handout is for educational purposes and is not a substitute for an individual evaluation by a licensed healthcare professional. Seek prompt medical evaluation for severe pain, significant weakness, numbness, or symptoms following trauma.

Research Behind This Guide

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