

BASIC PRINCIPLES FOR LIFTERS

# Shoulder-Friendly Training

Practical ways to adjust exercise selection, technique, load, range, and weekly programming when your shoulder is not tolerating training well.

# The Exercise May Not Be the Entire Problem

When a shoulder becomes irritated during training, the immediate reaction is often to blame one exercise. You may hear that bench pressing is bad for shoulders, overhead pressing damages the joint, or a particular row should never be performed. Those statements are too broad.

An exercise that irritates one person may be comfortable for another. The same exercise may also feel different when the load, range of motion, grip, technique, fatigue level, or weekly training volume changes.

The better question is not simply, "Is this exercise bad?" It is, "Which part of this exercise - or which part of my current training dose - is causing the problem?"

## LOOK AT THE VARIABLES

Shoulder discomfort may be affected by one variable or by several variables accumulating at the same time:

**Exercise selection:** Does this variation fit your current ability and shoulder tolerance?

**Range of motion:** Are you forcing a position that you cannot control comfortably?

**Grip and hand position:** Would a narrower, wider, neutral, or semi-neutral grip feel better?

**Elbow path:** Are your elbows being forced into an extreme position?

**Load:** Is the weight too heavy to control through the available range?

**Repetition speed:** Are you dropping quickly into the bottom position or using momentum?

**Weekly volume:** Are you doing more pressing, pulling, or direct shoulder work than you can recover from?

**Training frequency:** Are demanding upper-body sessions placed too close together?

**Fatigue:** Does your technique change near the end of a set or session?

**Recent changes:** Did symptoms begin after adding weight, sets, exercises, failure training, or extra training days?

**Previous injury or medical condition:** Is there a history that requires assessment or individualized restrictions?

Do not change everything at once. Change one or two variables, record the result, and compare how the shoulder responds during the session and afterward.

## AVOID PERMANENT LISTS OF "BAD" EXERCISES

The goal is not to create a permanent list of forbidden movements. It is to find exercise variations, ranges, loads, and training volumes that you can perform with control and repeat consistently.

Some exercises may need to be removed temporarily. Others may become tolerable after a small adjustment. An exercise that remains consistently irritating despite reasonable modifications should be replaced rather than repeatedly tested.

## STOP AND SEEK ASSESSMENT

Stop the exercise and obtain prompt medical assessment when symptoms follow an injury and include:

Sudden or severe pain

A visible change in the shape of the shoulder

Significant swelling or bruising

Inability to move or use the arm normally

Sudden loss of strength

Numbness, tingling, or loss of sensation

A popping or tearing sensation followed by pain, weakness, or visible change

Arrange an appropriate medical or physiotherapy assessment when pain is progressively worsening, does not improve, repeatedly interrupts training, or makes normal shoulder and arm movement difficult.

## SCOPE OF THIS GUIDE

This guide provides general information about exercise selection, technique, programming, and training modification. It does not diagnose shoulder pain or replace assessment by a physician, physiotherapist, or another qualified healthcare professional.

# Do Not Ignore Pain, but Do Not Treat Every Sensation as Damage

Pain is important information, but it is not a precise diagnosis. A sensation during one repetition does not tell you exactly which structure is involved or whether damage has occurred. What matters is the pattern: where the discomfort appears, how it changes during the set, how it affects technique, and what happens afterward.

Use that pattern to decide whether to continue cautiously, modify the exercise, or stop and seek assessment. Do not repeatedly "test" the same painful position simply to see whether it still hurts.

## DURING THE EXERCISE

Ask yourself:

- Where exactly do I feel it?
- Is it sharp, catching, unstable, or progressively worsening?
- Does changing the setup reduce it?
- Does the discomfort increase with each repetition?
- Am I changing my technique to avoid the position?

## AFTER THE EXERCISE

Record the response instead of relying on memory:

- Immediately after the set
- Later that day
- The following morning
- During normal reaching, dressing, work, or sleep
- At the next upper-body session

### CONTINUE CAUTIOUSLY

Continuing may be reasonable when the discomfort is mild, remains stable, does not alter technique, settles soon after training, and does not leave you worse later that day or the next morning.

### MODIFY

Change the exercise when discomfort increases through the set, you compensate to avoid the position, symptoms remain elevated afterward, or the same variation repeatedly causes problems.

### STOP AND SEEK ASSESSMENT

Stop when pain is sharp or severe, strength suddenly drops, the shoulder feels unstable, numbness or tingling appears, symptoms follow trauma, or the problem is progressively worsening despite modification.

## USE TRENDS, NOT ONE ISOLATED MOMENT

One session can be affected by fatigue, sleep, recent workload, or an unfamiliar setup. Look for repeatable patterns across several exposures - unless the symptoms are severe or urgent enough to require assessment immediately.

### A SIMPLE TRAINING RECORD

Write down enough information to compare sessions. The goal is not to create a medical chart; it is to identify which training variables consistently improve or aggravate the response.

Exercise	Load	Reps	Range of motion	During	Next day

# Change One Variable at a Time

Shoulder-friendly training is not an all-or-nothing choice between performing an exercise exactly as written and removing the movement forever. Small changes can alter how an exercise feels and help you identify which part of the setup is causing difficulty.

Start with the simplest adjustment. Test it with a manageable load and controlled repetitions. If the response improves, keep the change long enough to confirm that it is repeatable. If it does not improve, move to the next variable.

## A PRACTICAL MODIFICATION SEQUENCE

Reduce the load. Use a weight you can control without bracing, shifting, or rushing.

Shorten the range. Work only through the range that remains controlled and tolerable.

Adjust the grip. Try a different width or a neutral or semi-neutral hand position.

Change the elbow path. Avoid forcing the arm into an extreme angle.

Slow the repetition. Control the lowering phase and remove unnecessary momentum.

Increase stability. Use chest support, a machine, cables, or a supported body position.

Reduce the dose. Cut sets, repetitions, proximity to failure, or weekly frequency.

Replace the exercise. Use another movement pattern when reasonable adjustments do not help.

## PRESSING EXAMPLES

Possible substitutions include:

Barbell bench press -> dumbbell bench press

Dumbbell press -> neutral-grip dumbbell press

Flat press -> low-incline press

Free-weight press -> machine press

Full range -> temporarily shortened comfortable range

Standing overhead press -> landmine press

Deep dips -> push-ups or controlled machine pressing

## PULLING EXAMPLES

Wide-grip pulldown -> neutral-grip pulldown

Bent-over row -> chest-supported row

Very wide row -> moderate or neutral grip

Heavy unsupported row -> cable or machine row

High-fatigue pulling -> lower-load controlled repetitions

### THESE ARE OPTIONS - NOT UNIVERSAL PRESCRIPTIONS

A dumbbell, machine, neutral grip, or shortened range is not automatically safer for every person.

The useful variation is the one you can perform with controlled technique, acceptable symptoms, and a repeatable response afterward.

# Use the Variation That Fits Your Structure and Current Ability

There is no single shoulder position, grip width, or exercise variation that is ideal for every lifter. Good technique is not a photograph of one "perfect" position. It is a repeatable movement that you can control under the intended load without compensating or repeatedly provoking symptoms.

Technique also has to remain stable as effort increases. A setup that looks comfortable during a warm-up may become irritating when the load is too heavy, the range is forced, or fatigue changes the movement path.

## PRESSING PRINCIPLES

Use a grip that allows the wrist, elbow, and shoulder to remain aligned and controlled.

Avoid forcing the elbows into an extreme angle simply because a cue says they must be fully tucked or fully flared.

Use a range of motion you can control. More depth is not useful when the bottom position becomes unstable or painful.

Keep stable contact with the bench or machine support during pressing.

Control the lowering phase instead of dropping quickly into the deepest position.

Consider neutral or semi-neutral grips when they provide a smoother path.

Do not chase load while losing control of the shoulder, wrist, or elbow position.

## PULLING PRINCIPLES

Begin from a stable torso position that you can maintain through the set.

Use the shoulder blade and upper arm deliberately rather than jerking the weight with momentum.

Do not force the elbow excessively behind the body to create an artificial end range.

Choose a grip that allows a smooth path without pinching, catching, or instability.

Use chest support when lower-back or whole-body fatigue changes the movement.

Stop the set when you can no longer control the weight or maintain the intended path.

Remember that a heavier weight is not better when other muscles or body movement take over.

## EXERCISE-SELECTION TEST

The setup is easy to reproduce from set to set.

The range of motion remains controlled.

You can perform the intended movement without obvious compensation.

Symptoms remain acceptable during and after the session.

Performance can progress without increasing irritation.

If an exercise repeatedly fails this test, it is not earning its place in the program at that time. Replace it with a variation that trains the same general function more reliably.

# The Problem May Be the Dose, Not the Exercise

An exercise can be tolerable in isolation and still become a problem when the total weekly workload is too high. Shoulder demand comes from more than direct shoulder exercises. Bench presses, overhead presses, dips, push-ups, rows, pulldowns, arm work, sports, and physical work can all contribute to the same recovery problem.

Before declaring an exercise "bad," review what changed. Symptoms often appear after several variables increase together: more weight, more sets, more failure training, an additional upper-body day, or a new exercise performed at high volume.

## AVOID SUDDEN WORKLOAD JUMPS

Increase training gradually rather than changing several demands at once. Pay attention when you add:

- More weight
- More repetitions
- More sets
- More training days
- New exercises
- Intensity techniques
- Repeated failure training
- Additional sport or physical work

## REVIEW TOTAL WEEKLY DEMAND

Count all movements that load the shoulder, not only exercises labelled "shoulders." A chest session, back session, arm session, and recreational activity may overlap more than the program appears to show.

## PROGRAMMING ADJUSTMENTS

- Temporarily reduce hard pressing volume.
- Keep more repetitions in reserve instead of repeatedly training to failure.
- Use stable variations while symptoms are being monitored.
- Separate demanding pressing sessions with enough recovery time.
- Remove redundant exercises that train the same pattern.
- Maintain lower-body training and upper-body work that remains well tolerated.
- Reintroduce load, range, and volume gradually rather than all at once.

## A SIMPLER UPPER-BODY SESSION

Instead of combining bench press, incline press, overhead press, dips, lateral raises, and triceps extensions in one session, use:

- One primary press
- One secondary shoulder-tolerant press
- One controlled lateral-delt exercise
- Appropriate pulling work

## THE KEY QUESTION

Can you recover from the total training dose and repeat the session without a progressive increase in symptoms? More exercises do not automatically produce better results. The useful dose is the one you can recover from and progress.

# Before Your Next Upper-Body Session

Use this checklist to turn general advice into a repeatable decision process. The purpose is not to avoid training. It is to select a tolerable starting point, monitor the response, and progress only when the current level is repeatable.

## BEFORE TRAINING

- Review how the shoulder responded to the previous session.
- Identify the exercise, range, or position most closely associated with symptoms.
- Choose one modification to test rather than changing everything.
- Begin with a manageable load and controlled warm-up sets.
- Do not repeatedly test a clearly painful position.

## DURING TRAINING

- Use controlled repetitions and a repeatable setup.
- Stop the set before technique changes substantially.
- Track the exercise, load, repetitions, range, and symptoms.
- Do not increase several variables in the same session.
- Replace the exercise when reasonable modifications do not help.

## AFTER TRAINING

- Note symptoms immediately afterward.
- Reassess later that day.
- Reassess the following morning.
- Compare the response with previous sessions.
- Progress only when the current load, range, and volume remain tolerable.

## ARRANGE ASSESSMENT WHEN NEEDED

Seek appropriate medical or physiotherapy assessment for severe or worsening pain, major weakness, numbness or tingling, visible deformity, significant swelling, loss of normal movement, symptoms following trauma, or pain that keeps affecting sleep and daily function.

## FINAL MESSAGE

Shoulder-friendly training is not about avoiding effort or permanently removing every uncomfortable exercise. It is about choosing movements, ranges, loads, and weekly training doses that can be performed consistently and progressed without repeatedly aggravating the shoulder.

## NEED HELP REVIEWING YOUR CURRENT TRAINING?

Request a free 30-minute coaching consultation. Available in person or by online video call.

[MarkLoewenFitness.com](https://www.MarkLoewenFitness.com)

## SCOPE NOTE

Exercise coaching can address technique, programming, exercise selection, and training modification. It does not diagnose or treat a medical condition. General safety guidance in this booklet is consistent with AAOS OrthoInfo, NHS shoulder-pain guidance, and the 2025 JOSPT rotator-cuff tendinopathy clinical practice guideline.