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Appendix S1. A detailed home exercise program

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| Internal and external rotation exercise | The patient stands with back against the wall or lies with back on the bed. Put arms close to lateral body. Bend elbow, and take the elbow point as the fulcrum to carry out internal rotation exercise and external rotation exercise of the diseased shoulder joint. |
| Flexion exercise | The patient stands facing the wall, slowly climbs up the wall with the diseased side's fingers, raises the upper limbs as high as possible, makes a mark on the wall, and then slowly returns to the original place, repeatedly, gradually increase the height according to recovery time. |
| Abduction exercise | The patient's upper limbs droop naturally, with arms straighten and palms down, slowly abduct, lift up with force, stop for 2 minutes after reaching the top, and then return to the original place. |
| Internal rotation exercise | The patient stands naturally. In the posture of internal rotation and backward extension of the diseased side's upper limb, the healthy side pulls the diseased side's hand or wrist, and gradually pulls to the healthy side and upward. |
| Extension exercise | The patient stands naturally. In the posture of internal rotation and backward extension of the upper limb on the diseased side, bend the elbow and wrist, touch the spine spinous process with the abdomen of the middle finger, and then stay still from bottom to top as much as possible. After 2 minutes, slowly return to the original place, repeatedly, gradually increase the height according to recovery time. |

Note: After injection, these patients participated in a self-exercise program composed of flexion, abduction, external rotation and internal rotation under mild active training. Patients slowly repeated the training methods 15-20 times in 15 minutes at a frequency of three times a day. In addition, instruct the patient to gently stretch the shoulder within the tolerance range, but avoid over stretching.