Return to Swimming Guidelines

Rotator Cuff Tendinitis & Shoulder Bursitis

Purpose

These guidelines are intended to help the swimmer, parent, coach, and medical team safely progress back to swimming while reducing the risk of re-irritating the shoulder.

A diagnosis of rotator cuff tendinitis and/or shoulder bursitis does not necessarily mean that swimming must stop completely. The goal is to gradually reintroduce swimming while monitoring symptoms and allowing the shoulder to build back its tolerance to training.

Before Returning to Swimming

The swimmer should demonstrate the following before beginning a structured return-to-swim program:

- Minimal or no pain with normal daily activities.
- Full or near-full shoulder range of motion without significant pain.
- Ability to perform basic shoulder strengthening exercises with good technique.
- Ability to tolerate resisted shoulder movements without a significant increase in symptoms.
- No significant increase in pain or stiffness the following morning after exercise.
- Ability to perform sport-specific movements with appropriate shoulder control.

> **Important:** The swimmer does not necessarily need to be completely pain-free before beginning a return to swimming. Mild symptoms may be acceptable if they remain controlled and do not progressively worsen.

Pain Guidelines During Swimming

Use the following guidelines to determine whether the swimmer is tolerating the workload:

GREEN LIGHT — CONTINUE

0–2 / 10 pain

- Pain does not increase as the practice continues.
- Swimming mechanics remain normal.
- Symptoms return to baseline shortly after practice.
- No increased pain or stiffness the following morning.

YELLOW LIGHT — MODIFY

3–4 / 10 pain

- Pain begins increasing during the practice.
- Stroke mechanics begin to change because of discomfort.
- Shoulder feels noticeably more irritated after practice.
- Symptoms are worse the following morning.

Action: Reduce distance, intensity, stroke selection, or repetitions. Consider taking additional recovery time.

RED LIGHT — STOP / REGRESS

5 / 10 or greater pain

- Sharp, catching, or significant pain.
- Noticeable weakness or loss of strength.
- Pain causes a change in swimming mechanics.
- Increasing pain with each repetition.
- Significant pain that persists after practice or worsens the following day.

Action: Stop the activity and notify the physical therapist / medical provider. The previous training level may have exceeded the shoulder's current capacity.

Return-to-Swimming Progression

The return should progress based on tolerance rather than a specific number of days or weeks.

PHASE 1 Reintroduction

Goal: Introduce swimming without significantly irritating the shoulder.

- Begin at approximately 25–50% of normal swimming volume.
- Keep intensity relatively low.
- Prioritize technique over speed.
- Start with shorter intervals and more rest.
- Avoid swimming to fatigue.
- Limit or temporarily avoid the stroke or activity that is most provocative.
- Continue prescribed shoulder strengthening exercises.

> **Example:** If the swimmer normally completes 4,000 yards, begin around 1,000–2,000 yards, depending on symptoms and current strength.

PHASE 2 Build Volume

Goal: Progress toward approximately 50–75% of normal training volume.

- Gradually increase total yardage.

- Maintain moderate intensity.
- Continue monitoring symptoms during and after practice.
- Avoid increasing both volume and intensity significantly at the same time.
- Maintain appropriate rest between training sessions.

> A reasonable progression is to increase training volume by approximately 10–20% at a time, provided the shoulder is tolerating the current workload.

PHASE 3 Build Intensity

Goal: Tolerate higher volumes without symptom aggravation, then add speed.

- Gradually introduce faster swimming.
- Reintroduce higher-effort intervals.
- Progress toward normal practice volume.
- Gradually reintroduce more demanding stroke-specific work.
- Continue strength and conditioning exercises.

> The swimmer should be able to tolerate normal practice volume before returning to repeated maximal-effort swimming.

PHASE 4 Full Return

Goal: Return to normal training when the swimmer can:

- Complete normal practice volume without significant symptoms.
- Perform higher-intensity swimming without increasing pain.
- Maintain normal stroke mechanics.
- Complete shoulder strengthening without significant pain.
- Recover to baseline by the following day.
- Tolerate multiple practices without a progressive increase in symptoms.

> Full return should be gradual. Being able to complete one pain-free practice does not necessarily mean the shoulder is ready for a sudden return to full training volume.

Important Training Considerations

1. Avoid the "Boom-Bust" Cycle

A common mistake is feeling good, returning to 100% training immediately, and then experiencing another flare-up. Instead:

- Feel better → increase gradually → monitor response → continue progressing.
- Do not use a pain-free day as a reason to immediately double the workload.

2. Monitor the 24-Hour Response

The shoulder's response later that day and the following morning is an important indicator of whether the workload was appropriate. If symptoms are significantly worse the next morning, the previous training load was likely too high.

3. Consider Total Shoulder Workload

Swimming is not the only source of shoulder stress. Also consider:

- Dryland training
- Weightlifting
- Push-ups
- Pull-ups
- Resistance bands
- Other overhead activities
- Multiple practices in the same day
- Meets and competitions

The goal is to manage the **total weekly shoulder workload**, not just swimming yardage.

4. Maintain Strength Training

Appropriate rotator cuff, scapular, upper-back, and general strength training should typically remain part of the rehabilitation and return-to-sport process. Strength training should complement swimming rather than consistently leaving the shoulder excessively fatigued before practice.

Guidance for Coaches

Coaches can help by:

- Communicating with the swimmer, parent, and physical therapist.
- Monitoring stroke mechanics and fatigue.
- Avoiding sudden increases in yardage or intensity.
- Allowing modifications when symptoms increase.
- Gradually reintroducing high-intensity and race-specific work.
- Avoiding punishment or conditioning that significantly increases shoulder workload during rehabilitation.
- Considering the swimmer's total weekly workload rather than focusing on a single practice.

> A modified practice is better than repeatedly pushing through a shoulder flare-up.

Guidance for Parents

Parents should monitor how the swimmer responds after practice and the following morning, not just whether they were able to complete practice.

Contact the medical / rehabilitation team if the swimmer develops:

- Increasing pain despite reducing activity.
- Significant night pain.
- Increasing weakness.
- Loss of shoulder motion.
- Repeated episodes of sharp or catching pain.
- Pain that consistently worsens after swimming.

- Symptoms that are progressively getting worse from week to week.

The Goal

The goal is not simply to get the swimmer back in the pool. The goal is to build the shoulder's capacity to tolerate swimming so the athlete can return to full training and competition while minimizing the likelihood of another flare-up.

Progress should be based on symptoms, strength, movement quality, training tolerance, and the swimmer's response over the following 24 hours — not simply on a calendar.

When in doubt, reduce the workload rather than abandoning activity completely.

Quick Reference

Phase	Target volume	Focus
Phase 1 — Reintroduction	25–50% of normal	Low intensity, technique, avoid fatigue
Phase 2 — Build volume	50–75% of normal	Add ~10–20% yardage at a time
Phase 3 — Build intensity	Toward 100%	Reintroduce speed and stroke-specific work
Phase 4 — Full return	100%	Normal volume and intensity, gradual ramp

GREEN	**0–2 / 10**	Continue — workload is appropriate.
YELLOW	**3–4 / 10**	Modify — reduce distance, intensity, or stroke.
RED	**5 / 10 +**	Stop — notify the physical therapist.

Shoulder Training Log

Use this log to track how the shoulder responds to each session. Record pain during practice, pain the next morning, and any dryland or overhead work completed that day. Bring this to your next physical therapy visit.

Date	Yardage / volume	Pain during (0–10)	Pain next AM (0–10)	Dryland / other shoulder work	Notes

Reminder: Green light (0–2/10) — continue. Yellow light (3–4/10) — modify distance, intensity, or stroke. Red light (5/10 or greater) — stop and contact your physical therapist.

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This handout provides general guidance and does not replace individualized medical advice. Follow the specific instructions of your physical therapist or physician.