

Scapula dyskinesis

- Dominant shoulder more affected
- Abnormal scapula motion causes a shift in the humeral head
- Increases stress on shoulder capsule, anterior GH ligaments and rotator cuff
- Loss of rotator cuff strength

Causes

- Muscular imbalance
- Neurological injury
- Joint pathology
- Weakness, tightness, fatigue, altered activation in pec minor, short head of biceps
- Excessive pull on coracoid process
- weakness of lower traps/serratus anterior - inadequate acromial elevation

- Excessive mobile phone use
- Dysfunction in distal kinetic chain - hip abductor or core weakness
- Hyperkyphosis
- **Secondary:**
 - AC separation/instability/arthritis
 - Labral injury
 - GHID
 - GH instability
 - Bicep tendinitis
 - Clavicle/scapula f#
- Cx radiculopathy
- Peripheral neuropathy (Spinal accessory nerve, long thoracic, suprascapular nerve)

Hx

- Can be asymptomatic
- Pain in anterior/posterosuperior aspect of the shoulder
- Discomfort radiates inferiorly towards lateral deltoid/superiorly into traps
- Pain over coracoid (pec minor tightness)

SICK scapular syndrome

- Made up of Scapula malpositioning, Inferior angle prominence, Coracoid tenderness/malpositioning, dyskinesis
- Observe for winging or asymmetry
- Drop arm test - look for scapula smoothness



PE

- +ve drop arm test
- Decreased ROM (int rot)
- TTP of coravoid, subacromial, pecs, biceps, upper traps, rotator cuff
- Look for UCS signs and hip abductor weakness
- Arch of impingement

Management

- Stretch out/myofascial release of tight muscles (pec minor, biceps, upper traps)
- Exercises (serratus anterior, lower traps, middle traps (external rotation, prone extension, pure horizontal abduction), scapula retraction)
- Avoid shrugging shoulders
- Strengthening of glut med/core



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