

Rotator Cuff Impingements/Tears

Shoulder problems are commonplace in the general public and especially in sportsmen and women who participate in activities/sports that involve overhead movements.

The most common diagnosis is damage or dysfunction with the rotator cuff muscles, usually referred to as sub-acromial impingement or tendonitis affecting the most superior tendons of the rotator cuff.

The Rotator cuff consists of 4 separate muscles that connect the humerus to the scapula. These are situated in a small confined area under the acromium (roof of the shoulder). Impingements occur from a repetitive compression of these tendons, which results in pain and restricted movement of the shoulder.

It is commonplace to treat the affected area and use 'rotator cuff strengthening exercises' that involve turning the arm in and out against resistance from a band etc... The problem with this approach is that it focuses on the injured area and not the cause of the problem! We need to analyze the cause, if there is one! Is the activity involving one arm (squash) or two hands (golf), as this may affect both scapula and the thoracic spine differently, but still lead to dysfunction and injury?

- Is there a type 1 or 2 restriction in the thoracic spine causing the scapula motion to be inhibited?
- Are the abdominal muscles able to lengthen in all 3 planes of motion to allow the thoracic spine to move?

If the dysfunction or pain is from a tennis player's forehand, does he/she have sufficient hip internal rotation to allow the abdominals, thoracic and scapula to load prior to the shot? If not, the gleno-humeral joint is forced to over work and may lead to rotator cuff injuries.

When treating and rehabilitating rotator cuff problems the whole body needs to be assessed to seek out the cause of the dysfunction and exercises need to be functionally based to prevent recurrence and return to full potential.

References

- www.grayinstitute.com