

Sports Therapy

- Acute and Chronic Injury Rehabilitation
- Overuse Injury Treatment
- Retraining for Return to Sport
- Taping and Bracing
- Pre-season Screening

Spinal Therapy

- Joint Mobilization and Manipulation
- Exercise Prescription
- Postural Assessment
- Back and Neck Care

GUNN IMS - Intra-Muscular Stimulation

Pilates Based Core Stability Training

ICBC Treatment of Injury Post MVA

Active Rehabilitation Programs

WCB Treatment for Work Related Injury

Worksite Evaluation, Ergonomic Assessment & Wellness Program Development

Functional Capacity Assessment and Medical Legal Reporting

Women's Health

- Post Mastectomy
- Urinary Incontinence Training
- Pre and Post Natal Care
- Osteoporosis

Injury Prevention Education

Seniors Programs

- Fall Prevention
- Fitness
- Post Surgical

Respiratory Care

Arthritis Treatment and Management

Neurology



Burrard Physiotherapy Associates

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Shoulder Impingement Syndromes



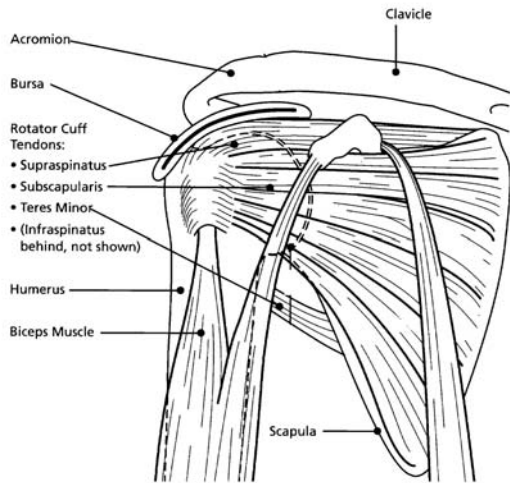
Bursitis

Rotator Cuff Tendonitis

Biceps Tendonitis

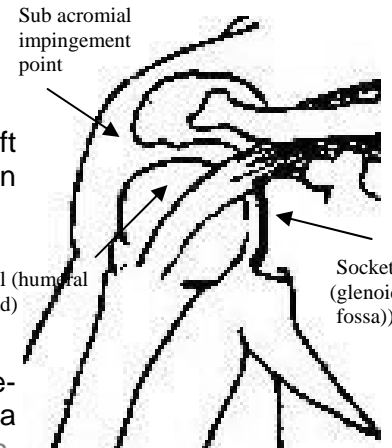
Shoulder Impingement Syndromes

The various throwing sports (ultimate, baseball), swimming, weight lifting and tennis all share a key feature: repetitive overhead motion of the arm. Avoiding injury requires balanced strength and the coordinated effort of several muscle systems and joints.



The shoulder is a ball and socket joint. The ball (at the upper end of the arm bone or humerus) is larger than the shallow socket (glenoid fossa) at the outer edge of the shoulder blade or scapula. Something like a soccer ball against a saucer. This joint sits under the roof of the shoulder, which is composed of the outer collarbone (clavicle), and the overhang of the scapula, the acromion. Under this roof, the rotator cuff muscles pass to reach the ball (humeral head). A protective pillow of fluid (sub acromial bursa) separates the cuff tendons from the bony undersurface above. In a healthy shoulder, the ball is kept

snug in the socket throughout arm motion by the 4 rotator cuff muscles. These muscles connect the shoulder blade to the ball and counteract the wrenching effect of the large throwing muscles. It is a coordination challenge, which increases in difficulty as the arm rises through the horizontal. Repetitive minor trauma can weaken the cuff muscles so that this precise coordination is compromised. The result is diminished space between the top of the ball and the overhanging roof of the shoulder with pinching and irritation of the soft tissues caught in between.



This is *impingement syndrome*. Untreated, the repeated trauma leads to sub acromial bursitis and *rotator cuff and bicep tendonitis*.

SYMPTOMS may include

- Pain during arm motion, especially lifting or lowering through the horizontal and across the front of the chest. Throwing can become impossible.
- Tenderness to pressure over the front of the upper arm.
- In severe cases, pain at night and difficulty lifting the arm.

PREDISPOSING FACTORS

Training Errors Sudden increases in throwing, or increases in training. Especially in the “early season” arm.

Trauma Previous arm injury from a fall or heavy contact. Old separation injuries to the roof of the shoulder are vulnerable.

Posture Rounded shoulders make the shoulder more vulnerable during throwing as well

as putting load on the upper back and neck. *Poor shoulder blade control* This is often overlooked. However, it is very important in all cases.

Ranges of motion Longer-term impingement syndromes can undergo cuff contracture, which must be corrected to regain proper shoulder function.

TREATMENT

At the first signs of shoulder problems use first aid! Then focus on rehabilitation.

First aid Ice the front of the shoulder for 15 minutes 3-4 times a day. Be sure to lift the arm above the head a few times each day to avoid a stiff shoulder. Frozen shoulder is a separate condition, which occasionally develops from impingement damage.

Rehabilitation The key to success is accurate assessment to establish which muscles are at fault. Possible offenders are weakness and imbalance of the rotator cuff or shoulder blade muscles. In addition, poor posture or longer-term changes to the involved joints may be contributing factors.



At Burrard Physiotherapy Associates we focus on specific assessment and treatment. Settling the initial symptoms may require manual therapy (massage, muscle energy release, manipulation, muscle and joint stretching) and electrotherapy (ultrasound, electrical stimulation). The focus is then on customized, one-on-one rehabilitation. The continuing emphasis, a detailed conditioning program for the whole shoulder, with focus on rotator cuff strength and shoulder blade control to prevent the injury from recurring in the future.