

Scapulothoracic Dysfunction



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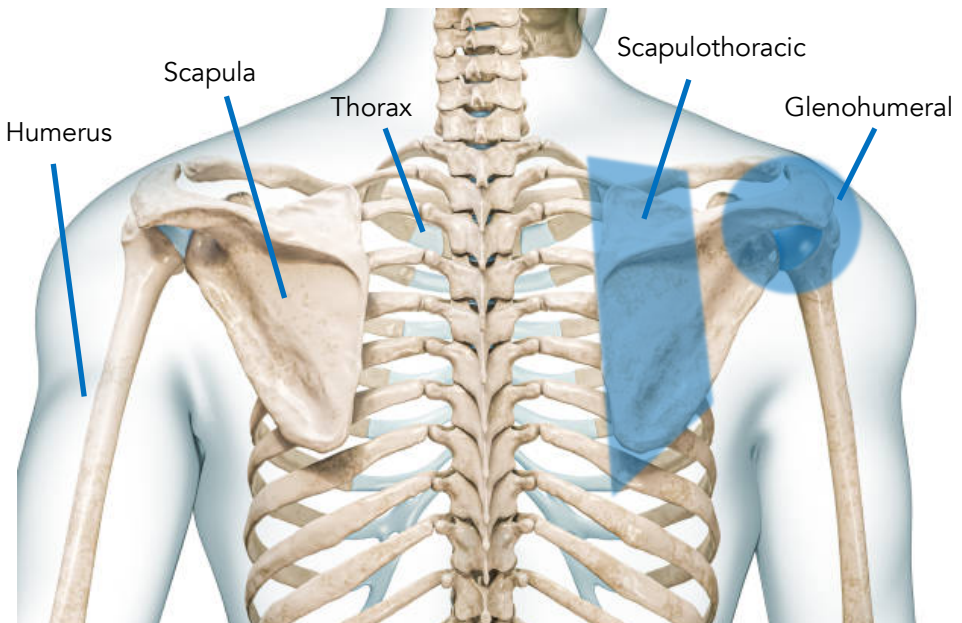
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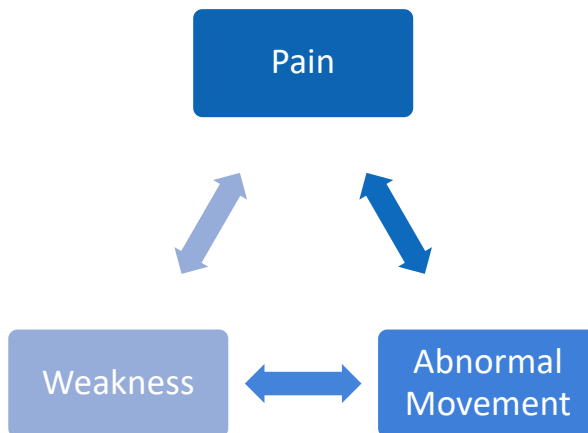
Shoulder pain can be debilitating and effect your quality of life. It is important to pinpoint the correct diagnosis and therefore give you the correct treatment whether that is through surgery or exercises.

Scapulothoracic Dysfunction is a common cause of shoulder pain that can often be missed or misdiagnosed. It is also known as ScapuloThoracic Abnormal Motion (STAM) or Anterior Shoulder Overload. It tends to present with pain in the neck, behind the shoulder and at the front of the shoulder. Most people have difficulty lifting up their arm.

There are 2 main joints that make up the shoulder girdle they are the **glenohumeral joint** and the **scapulothoracic joint**. They both contribute equally to overall shoulder movement. The **glenohumeral joint** is made up of the humerus and scapula. It can develop arthritis and rotator cuff tears which can be treated with surgery. The **scapulothoracic joint** is made up of the scapula and thorax and is best treated with exercise therapy.



Scapulothoracic Dysfunction develops when there is a continuous cycle of **Pain**, **Weakness** and **Abnormal movement**. This may occur from injury, trauma, repetitive overuse, frozen shoulder but sometimes a root cause is never found. Once stuck in this cycle it can be difficult to stop this loop. Surgery tends to exacerbate the situation by increasing pain or weakness further fuelling the cycle. Treatment involves tackling each component to break this cycle. **Pain** can be treated with medications or injections and **Weakness** and **Abnormal movement** can be treated with exercises and activity modification.



This continuous abnormal movement can lead to further secondary problems such as problems with the biceps, rotator cuff or acromioclavicular joint. However treating the underlying **Scapulothoracic Dysfunction** first is important before addressing these secondary problems.

The muscles that become **tight** include the **pectoralis minor** and the **trapezius** and the muscles that become **weak** include the **rhomboids**

Mr Chung, your physiotherapist and your GP will work with you to find a pain relief and exercise regime that will work best for you. Surgery still may be required at a later stage.

Exercises (Stage 1)

These exercises should be performed slowly and controlled. The goal of these exercises is for them not to be painful. It is better to exercise for short periods multiple times a day rather than for long periods once every few days.

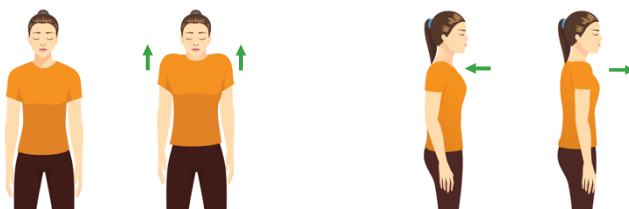
Perform these exercises in a mirror to ensure symmetry between your shoulders.

Once these exercises become comfortable add weight to the exercises or progress through the stages.

Scapula/Shoulder blade

Elevate your shoulders towards your ear and hold for 10 seconds, relax and repeat 10 times

Retract your shoulders by pinching your shoulder blades together and holding for 10 seconds, relax and repeat 10 times



Supine Shoulder stretching

While lying down place your effected shoulder on your stomach. Slowly bring your hand out to your side and above your head until you feel some slight discomfort or a stretch. Hold it there for 10 secodns before returning your hand to your stomach. You may need to use your good arm to support your wrist/forearm when performing this stretch.

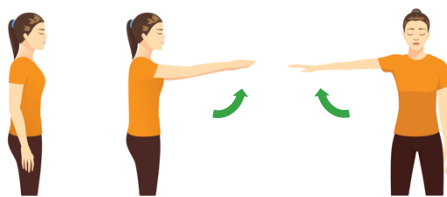
Exercises (Stage 2)

You should continue with the exercises in Stage 1 but perform them with a 1kg weight. You can hold a 1L bottle of water in each hand as a substitute. Add these additional exercises.

Shoulder Movement exercises (Isotonic)

Lift your arm forward and hold it there for 5 seconds, slowly lower it down, repeat 10 times.

Lift your arm out to the side and hold it there for 5 seconds, slowly lower it down, repeat 10 times.



Shoulder Static exercises (Isometric)

Standing facing the wall, place your hand on the wall and push against it, holding it for 10 seconds, relax and repeat 10 times.

Standing side on to the wall, place your forearm and elbow against the wall and push against it holding it for 10 seconds, relax and repeat 10 times.



Exercises (Stage 3)

Exercises during this period will be tailored to your specific needs/goals. Mr Chung and your physiotherapist will work with you to figure out the right exercise program.

In general exercises during this period are about achieving more shoulder range of motion, building strength and achieving functional goals.

For your physiotherapist

Please contact Mr Chung with any questions

No restrictions

Prioritise scapulothoracic movement

Pectoralis minor stretching

Avoid overhead activity until scapulothoracic movement is restored



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SHOULDER
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