OBJECTIVES

• DISCUSS ANATOMY OF THE SHOULDER
• DISCUSS TREATING AN ACUTELY INFLAMED SHOULDER WITH OMT ON THE SIDELINE
• APPROPRIATE FOLLOW UP CARE
ANATOMY OF SHOULDER
ROTATOR CUFF MUSCLES AND TENDONS

Supraspinatus (Left) (M. supraspinatus)
Infraspinatus (Left) (M. infraspinatus)
Teres Minor (Left) (M. teres minor)
Subscapularis (Left) (M. subscapularis)
BURSAS BELOW THE DELTOID
SCAPULAR-THORACIC MUSCLES
SCAPULO-THORACIC MUSCLES
S: Patient is a 21 year-old, Austrian, male beach volleyball pro. Patient presents with right shoulder pain that started after he spiked a ball in his last match. Patient states the pain is in the top and front of his shoulder and he is having pain when he shoots, hits, spikes, and serves. He states he needs to be ready in an hour for the next match on the FIVB tour.
OBJECTIVE

- **INSPECTION**: Right shoulder hangs slightly lower than left shoulder. Thoracic spine dished into flexion, excessive T-spine extension in shoulder ROM.

- **ROM**: Cervical: Decreased in C-spine flexion, left rotation, left lateral flexion.

- **Shoulder**: Pain and decreased abduction. Excessive shoulder flexion range with pain at end range, with shrugging noted in end range. Upon inspection of flexion and abduction from the posterior aspect, patient demonstrates decreased scapular rotation and bias to wards scapular elevation instead of normal scapula humeral rhythm. Patient also demonstrates a “shimmy” in the shoulder and slap in eccentric abduction when passing through 120 and 90 degrees ranges.

- **Strength**: Weakness due to pain on initial evaluation.
OBJECTIVE

• SPECIAL TESTS:
  • POSITIVE PAINFUL ARC
  • POSITIVE HAWKINS KENNEDY
  • NEGATIVE SPEEDS
  • PAIN IN EMPTY CAN AND O'BRIEN'S

• NEURO:
  • NO COMPLAINT OF NUMBNESS, TINGING OR MUSCLE WEAKNESS. NO SIGNS OF ATROPHY
OMT TREATMENT PLAN

- Fascial Distortion Model clearing of the anterior pathway of the arm, posterior pathway of the arm, upper trap.
- Inhibition of upper traps and pectorals major/minor.
- Muscle energy to the serrates anterior, middle trap, and lower trap.
- Cupping to the upper trap, infraspinatus and rear deltoid with AROM of shoulder into external rotation.
RECOMMENDED APPS

Ess. Anatomy 5

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Uber

Waze

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