

Preventing Shoulder Injuries



In these times of increased awareness of health and fitness, more people are joining health clubs to exercise and are starting to participate in sports that they never had previously done before. This article will discuss specific conditions that can occur in the shoulder from improper mechanics/technique or from overuse and repetitive trauma during throwing, racquet sports or swimming. It is important to know about the structure of the normal shoulder, and performing proper stretching and strengthening exercises can help to prevent injuries.

The shoulder is a ball and socket joint that is lubricated by synovial fluid. The ball is the head of the humerus, or upper arm bone. The socket is very shallow, called the glenoid fossa of the scapula, and sacrifices stability for mobility. The major purpose of the shoulder complex is to enable us to move our arm and hand wherever they need to be to perform functional activities. The main job of the four rotator cuff muscles is to stabilize the shoulder by keeping the head of the humerus in the glenoid fossa.

Rotator cuff syndrome is a continuum of injuries from impingement to tendonitis/bursitis (micro tears or inflammation), rotator cuff tear to

rupture of the rotator cuff tendon/muscles. This process occurs gradually and any or all of these conditions may happen. Impingement of the rotator cuff or biceps tendon generally occurs in people of ages 25-40, where frozen shoulder most often happens to people of ages 40-60, more women than men.

Frozen shoulder or adhesive capsulitis is a spontaneous onset of gradual progressive shoulder pain with severe limitation of movement and function. It may be caused by immobilization, degeneration, trauma or inflammation. There are three stages of frozen shoulder: freezing, frozen and thawing. Slow spontaneous recovery can take up to two years, but full functional recovery can usually be expected, perhaps speeded up by proper and timely treatment that at the very least can help ease the pain. Instability of the shoulder can be caused by general ligamentous laxity, (loose shoulder), repetitive trauma, impingement or overuse. It can be in one direction only or multidirectional. A traumatic force can cause a subluxation or dislocation of the shoulder, in the majority of the cases, the shoulder is displaced anteriorly.

It is important to strengthen the entire shoulder with emphasis on the rotator cuff so that there is a posterior dominant shoulder and the head of the humerus is held firmly in the socket for maximal stability.