

Sports Medicine Monthly

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SHOULDER INSTABILITY

School has started and athletic events have already begun filling gymnasiums and game fields on a regular basis. As cooler temperatures start to arrive and college and professional football comes to the forefront of the sports season, high school football seems to oftentimes take the preeminence as the major fall sport in the high school setting. However, it is high school sports like softball and volleyball that oftentimes have already had their first scrimmage or even their first game before the average football team takes the practice field for the first time. Likewise, both volleyball and softball, on average, play 2—3 times as many games in a season as their corresponding high school's football team. In addition, sports like volleyball and softball, though requiring excellence in whole body conditioning and fitness, are highly demanding on one or two select areas of the body; most specifically the shoulder.

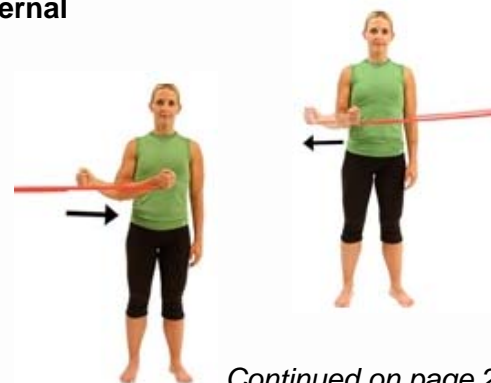


As a joint with the design of a ball and socket, or probably more accurately described as a golf ball on a tee, the shoulder is obviously built and designed for a high range of mobility. This is also one reason it is one of the most common dislocated joints in the body. Simply put, to gain mobility you must lose some stability and vice versa. And as a shoulder is consistently stressed by repetitive overhand and even underhand activities, great demand is placed on the shoulder's stabilizing structures. Specifically, these include the glenoid labrum (i.e. cartilage), the joints restraining ligaments and surrounding capsule, and the rotator cuff musculature. Therefore, it can be quite common to see periodic cases of tendonitis, labral tears, and shoulder strains in sports like volleyball and softball that will oftentimes lead to subsequent cases of shoulder instability.

BEFORE AND AFTER INJURY: PREHAB AND REHAB

Much like your Toyota or Ford requires periodic maintenance in order to prevent complications down the road, a solid pre-season and in-season commitment to regular strength and conditioning of the shoulder cannot be overstated for the athlete who is participating in shoulder dominated sports (i.e. volleyball, swimming, softball, tennis, etc...). On a consistent basis, athletes who have given a solid commitment to pre-season and in-season strength and conditioning have greater endurance, demonstrate greater skill, and also are much less likely to develop injury. And, even if an athlete in such a sport hasn't completed any such strength and conditioning to date, there is no time like the present to start. Therefore, the following exercises, under proper supervision by an athletic trainer or a certified strength and conditioning specialist, should be a very strong consideration for the pre-season or even the in-season athlete in a shoulder-dominated activity.

Resisted Internal and External Rotation:



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Before and After: cont. from page 1

Standing Rows:



Scapular Y's:



Scapular W's:



Scapular T's:



Standing Pull-Downs:



Face Down Rows:



Sword Out:

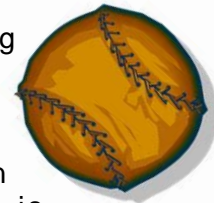


Always consult your physician or athletic trainer prior to beginning any exercise program.

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Common Signs and Symptoms of Shoulder Injuries

Soreness and fatigue should be nothing new and should be accepted as the standard for anyone who is participating in athletics. However, knowing where to draw the line between soreness and re-occurring pain is extremely important for the long-term health of the shoulder joint. Consistent instability in any joint, especially one as mobile as the shoulder, along with repetitive activity, can be one of the greatest causes of significant cases of tendonitis, rotator cuff strains and tears, labral tears, and re-occurring dislocations. Therefore, always be on the lookout for the general indicators and warning signs mentioned below. Should any of the following occur on a consistent basis, contact your athletic trainer or team physician; its time to examine it closer.



1. Difficulty raising or lifting the arm
2. Inability to sleep on that side at night
3. Consistent aching, despite rest
4. Any numbness or tingling in the lower arm
5. Frequent pain or wincing with overhead activities
6. Pain that doesn't respond to rest, ice, and medication

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