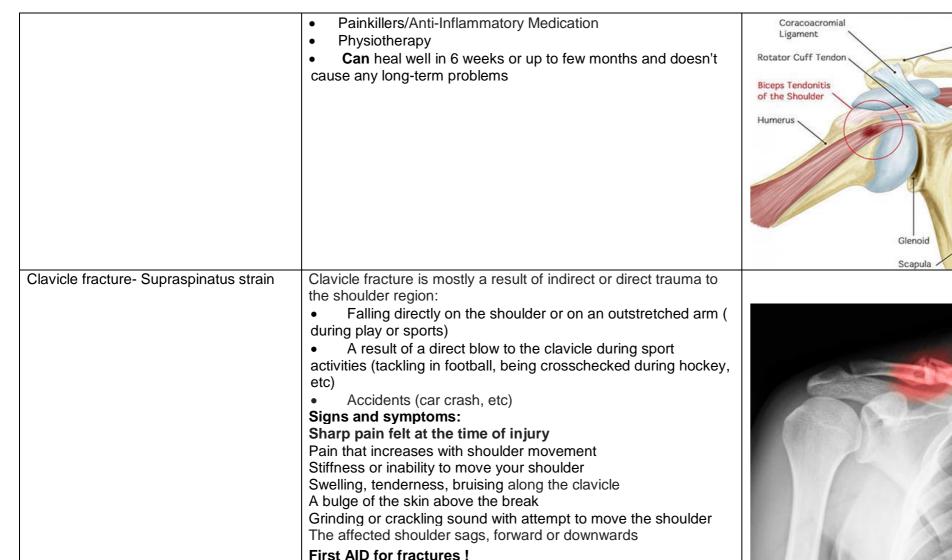
SHOULDER SOFT TISSUE COMMOM INJURIES AND DYSFUNCTION

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Injury /condition	Description	Picture
Sub-acromial pain syndrome	The inflammation and irritation of the rotator cuff	
(impingement)- "swimmer's	tendons as they pass through the subacromial space. It	
shoulder", or "thrower's shoulder"	characterised by pain, weakness, and reduced range of	
	motion within the shoulder.It is most common in active individuals	
	or in manual professions, typically under 25 years. It is the most	Clavicla
	common pathology of the shoulder – about 60% of shoulder pain	Acromion Clavicle Supraspinatus Muscle
	complaints.	Bursa
	Causes:	Supraspinatus Tendon Coracoid
	Intrinsic mechanism:	(Rotator Cuff) Process
	Muscular imbalances: weakness in the rotator cuff was also associated in the charge and the control of the control of the charge and the charge an	Claveid
	muscles resulting in the humerus shifting proximally towards	Glenoid
	the body	Humerus Scapula
	Pathologies of the rotator cuff tendons due to tension	Normal
	Overuse of the shoulder joint: repetitive microtrauma can lead to set time in flammation of the retator suff tondare and	Shoulder
	lead to soft tissue inflammation of the rotator cuff tendons and	
	the subacromial bursa, results in friction between the tendons and the coracoacromial arch	Acromion
		1
	Degenerative tendinopathy: changes of the acromion can lead to tearing of the restator sufficient and provinced abits of the	Swollen
	lead to tearing of the rotator cuff and proximal shift of the humeral head.	Inflamed bursa
	Extrinsic mechanisms:	tendon
	Pathologies of the rotator cuff tendons due to external compression.	
	compression	
	Anatomical shape of the acromion Muscular in halance: Be divided for a time of the accordance.	
	Muscular imbalance: Reduced function of the serratus	
	anterior and trapezius, that normally allow the humerus to move	
	past the acromion on overhead extension, may result in a	
	reduction in the size of the subacromial space	
Two common examination signs can be	Glenohumeral instability: Any abnormality of the	
elicited in cases of subacromial	glenohumeral joint or weakness in the rotator cuff muscles can	
impingement: Neers Impingement test	lead to superior subluxation of the humerus, causing an increased contact between the acromion and subacromial	
and Hawkins test	tissues	
and nameno tost	Symptoms:	/ TO THE REAL PROPERTY OF THE PERTY OF THE P
	 Progressive pain in the anterior superior shoulder, 	
	increased by abduction and relieved by rest	
	Weaknes	
	Stiffness secondary to the pain	

	Treatment and recovery:	
	RICE with pain	
	Painkillers	
	B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Cuprospinatus tandinanathy		
Supraspinatus tendinopathy	It is mostly a result of an impingement of the supraspinatus tendonon as it passes between the acromion and the humeral head. Supraspinatus tendon becomes degenerated mostly as a result of repetitive stresses and overloading during sports or occupational activities. Exacerbating factors: Participating in overhead sports such as handball, volleyball, tennis, baseball, etc. Being over 50 years old Having Diabetes Causes: Overuse of the shoulder joint Muscular imbalance Degeneration Former shoulder trauma Symptoms: Anterior instability and posterior tightness of the shoulder muscles Pain: In the arm and behind the shoulder while moving the arm upwards (waving at someone) May radiate to the lateral upper arm or to the top and front of the shoulder Increases with reaching After frequent repetitive activity Firstly only during activities, later- even at rest Difficulty sleeping, especially when lying on the affected shoulder Progressive aching and it gets worse by abduction, elevation or sustained overhead activity Tenderness and burning sensation around the shoulder Weakness of resisted abduction and forward flexion, especially with pushing and overhead movements Limited ROM:difficulties with everyday movements, such as brushing hair, getting dressed, reaching the arm above shoulder	Coracoacromial Acromium process ligament Inflammation of supraspinous tendon Bursa

	Treetment and receivers:	
	Treatment and recovery:	
	• RICE	
	Avoiding activities that may aggravate the condition	
	Painkillers/Anti-Inflammatory Medication	
	 Physiotherapy: stretching and strengthening exercises 	
	Takes up to 4 weeks	Supragnicatus //
- Supraspinatus strain	The supraspinatus tendon is the most vulnerable of rotator cuff muscles -90% of rotator cuff tears involve supraspinatus. Causes: Overuse: lifting something too heavy Direct trauma: falling on your arm or dislocating your shoulder. Degenerative tear —prevail in people over 40years old Symptoms: Pain at rest, at night Deep pain around the shoulder, mostly over the mid-deltoid region Pain with movement Weakness in the shoulder muscles Limited ROM of the joint Rotator cuff tears cannot heal themselves Treatment and recovery: RICE Painkillers/Anti-Inflammatory Medication Physiotherapy	Tear of the supraspinatus tendon Biceps tendon Humerus
- Long head of biceps -tendinopathy	Biceps tendinopathy/tendinitis is inflammation of the tendon around the long head of the biceps muscle. Causes: Overuse: athletics requiring overhead motion Degeneration Commonly associated with rotator cuff tendon problems Symptoms: Pain at the front of the shoulder Swelling Inflammation Clicking or snapping with movement	
	Treatment and recovery:	
	• RICE	



Clavicle fracture can lead to supraspinatus strain, tear or rupture.



Acromion

Coracoid

Process