The overhead athlete

Who is an athlete

- What is the level of participation
  - recreational
  - amateur
  - professional
  - international

What type of sport

- Baseball
- Swimming
- Volley ball
- Javelin thrower
- Tennis
- Polo

- Football
- Basket ball

What type of problem

- Trauma related rpoblem
- Overuse type of problem

The overhead athlete overuse type of problem

- Limitation of internal rotation
- Limitation of cross-body abduction
- Scapular dysfunction
- Weakness in external rotation
- Instability findings
  - excess translation
    - positive relocation testing
    - signs of impingement
    - excess external rotation

Instability and translation

- Instability=symptomatic loss of control of the ball in the shochet
- Symtoms of looseness or coming out

When pain is the only symptom

- Combined with excess translation

- Many patients have considerable physiologic translation and no symptoms

The load and shift test

- +up the face of the glenoid
- ++over the rim and back to the center
- +++dislocates

Then ask:

Do you feel the shoulder goes out and back during my examination?
Is this the feeling you have when the shoulder goes out?

The overuse situation

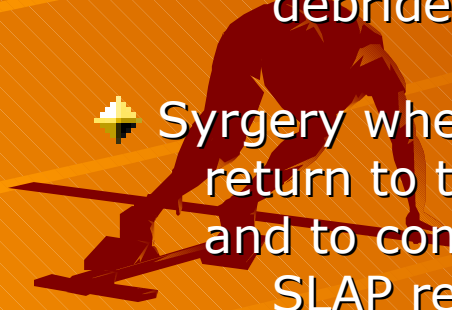
- Eccentric overload
- Undersurface rot cuff irritation
- Subtle anterior instability
- Biomechanical scapular dysfunction

Rehabilitation and prevention

- Eccentric control of the glenohumeral muscles
- Stable and efficient scapular platform
- Elimination of tight posterior capsule
- Appropriate muscle balance

Postoperative rehabilitation program

- Surgery when nothing is fixed
  return to competition in 3-4 weeks
  - debridement of the labrum
  - debridement of internal impingement
  - ASAD
  - bursectomy
  - debridement of rot cuff

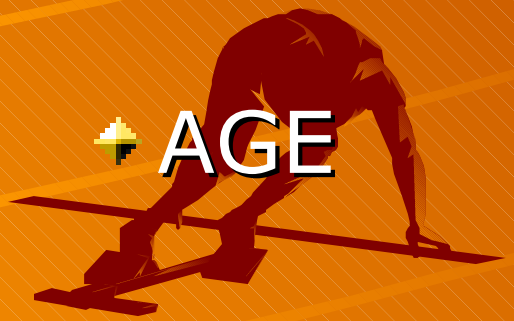


- Syrgery where tissues where repaired
  return to throwing in 4-5 months
  and to competition in 8-9 months
  - SLAP repair
  - Bankart repair
  - rot cuff repair

HISTORY

- CHIEF COMPAINT

- AGE



- Chief complaint
- History of present illness history ie of the chief complaint
  - how things started
  - what has been previously done
  - current state of the problem

Organized history

- What part of the physical examination should be emphasized
- Are the expectation from the physical examination met?

Principles of physical examination

- General status of the patient
  avoid focusing to early
- Features of inspection as muscle
  waisting deformity previous scars
- Palpation of known anatomic sites
- Range of motion active and passive
- Strength testing and neurologic
  examination
- Stability assessment and laxity
  measurement
- Special tests
- Lower extremities and trunk

Chief complaint: Pain

- Impingement
  - classic outlet impingement
  - internal impingement
  - subcoracoid impingement
- Rotator cuff
  - tendinosis
  - partial thickness tear
  - full thickness tear
- Instability
  - anterior
  - posterior
  - multidirectional MDI
- AC joint pathology
- Bicepts and labral pathology
- Chondral defects
- Neurologic
  - cervical spine root comresion
  - brachial neuritis
  - thoracic outlet syndrom
  - suprascapular nerve entrapment

Where is the pain?

- **Whole hand over deltoid in rubbing motion**
  impingement /rot cuff
- **Greater tuberosity**
  impingement /rot cuff
- **One finger on top of distal clavicle**
  AC joint
- **In the back when the arm is in the throwing position**
  internal impingement/ posterior SLAP
- **Down the neck and scapula medial border**
  neck pathology
- **In front within deltopectoral groove**
  bicepts tendon/subscapularis
- **Deep inside**
  labral or articular cartilage lesion
- **Vague and diffuse down arm**
  brachial neuritis /thoracic outlet

Palpation to reproduce the pain

Greater tuberosity → rot cuff

Lesser tuberosity → Subscapularis bicepts

AC joint → AC joint

Acromion → Symptomatic os acromiale