



# Scapular Dyskinesia and Subacromial Impingement Syndrome

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## Background

Shoulder pain is the most common non-traumatic, a collective musculoskeletal illness in the overall population during general medical practice. The incidence of shoulder pain increases with age and peaks at 45 to 64 years of age, however, various age groups experience shoulder pain. It depends on the subject's work-related activities, sports and recreations that involve upper extremity repetitive motion [1]. Number of studies account that one-third of the population suffer from shoulder symptoms during their lifetime and it is associated with a negative impact on both personal and national levels. It decreases the quality of life due to personal suffering and subsequent economic impact on health care services. The resultant cost and absence from work associated with shoulder pain are a social concern [2].

## Objective

Subacromial impingement syndrome is the most commonly associated problem with scapular dyskinesia. "Scapular dyskinesia" the condition refers to changes of the normal static or dynamic position of the scapula and alteration of coupled scapulohumeral movements [3]. The term of 'dys' indicates alteration and 'kinesis' refers to motion. Scapular dyskinesia is not necessarily a pathological term, because it is possibly noticed not only in symptomatic shoulder regions but also in asymptomatic patients. Although it is evidenced that abnormal scapular control and motion can lead to more often in symptomatic shoulder pain possibly discomfort with activity or at rest. Scapular dyskinesia has been identified to be a predictive factor in developing other associated problems such as shoulder impingement and adhesive capsulitis [4]. Subacromial impingement pain syndrome occurs when the soft tissues such as supraspinatus, long head of biceps brachii tendon, subacromial bursitis and superior joint capsule are impinged in the subacromial space between the humeral head and coracoacromial arch. Symptoms involving shoulder

impingement can become functional impairments in the long term.

The shoulder pain symptomatology findings are various and overlapped each other however; a successful outcome of shoulder pain is dependent on precise differential diagnosis. It is attained by the detailed knowledge of the regional anatomy, the profound biomechanics analysing of shoulder movements, the clear understanding of ongoing pathology and the systematic clinical diagnosis approach, which contains detailed history, comprehensive physical examination and diagnostic studies. A study shows that conservative management of shoulder impingement syndrome was recovered the problem in 70-90% of patients, although in certain cases, surgical intervention is required [5].

## Conclusion

The purpose of this paper is to describe common musculoskeletal alteration of complex shoulder anatomy and biomechanics leading to pathomechanics and clinical characteristics of the scapular dyskinesia associated with subacromial impingement syndrome and explain how to perform a precise musculoskeletal examination and to focus the applicable conservative interventions that can be easily incorporated into the scope of physiotherapist practice to gain successful outcomes in linked to shoulder pain.

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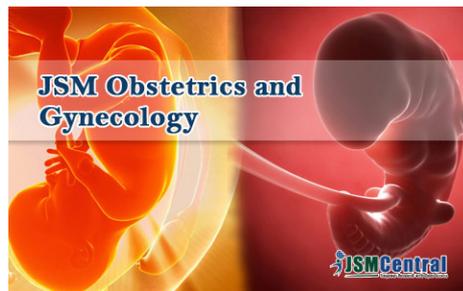
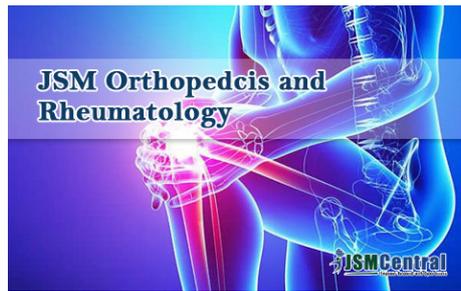
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