

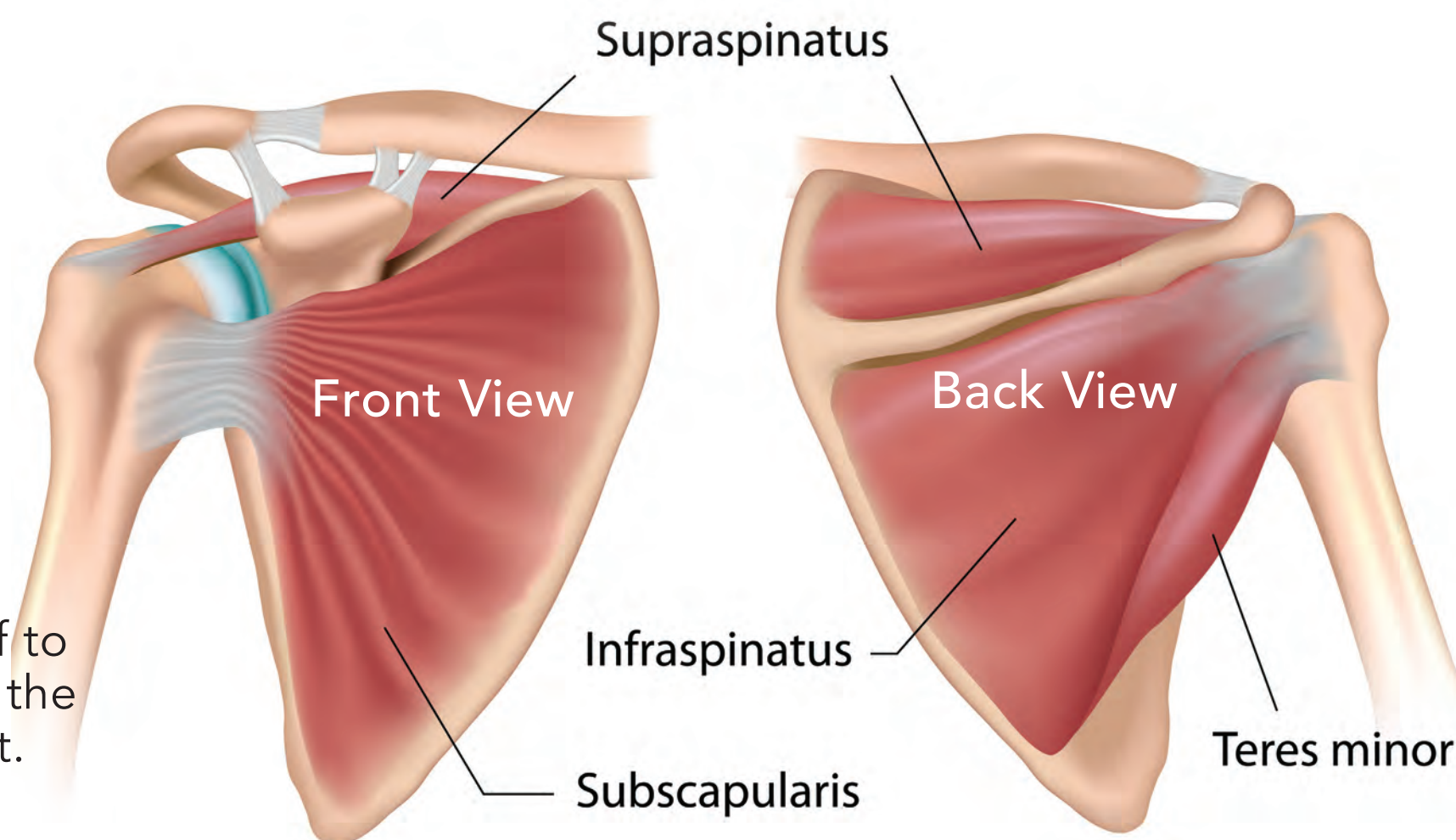
Common shoulder injuries explained

Rotator Cuff Tendinopathy

The rotator cuff is made up of four muscles which attach the shoulder blade (scapula) to the upper arm bone (humerus).

The shoulder relies on the rotator cuff to produce the subtle rolls and slides of the humerus to ensure smooth movement.

Overuse leads to micro tearing of the muscle and tendon, inflammation and pain.



Rotator Cuff Muscles

Factors decreasing risk of injury:

- Exercise Pacing
- Efficient transfer technique
- Good wheelchair & environment setup

Factors increasing risk of injury:

- Age
- Weight
- Time since injury
- Level of injury
- Repeated transfers and heavy lifting

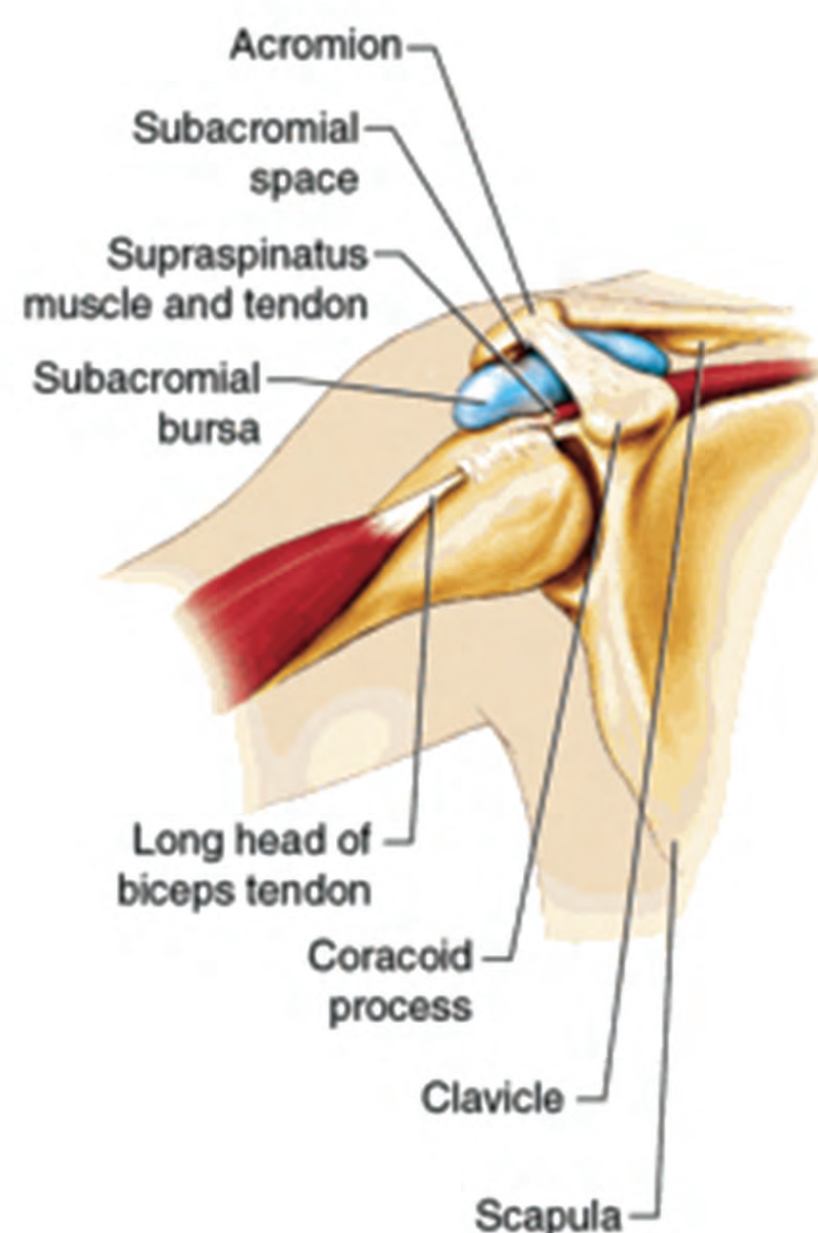
A well designed exercise program can help keep balance in strength and length of key muscles.

Shoulder Impingement

The small space between the humerus and the top of the shoulder blade (acromion) contains the rotator cuff tendons, joint capsule and a bursa (fluid filled sack).

The rotator cuff stabilises and pulls down the humerus to keep this space open when you lift up your arm.

Rotator cuff weakness and other muscular imbalances cause the humerus and acromion to impinge, narrowing the space, pinching the tendons and bursa causing inflammation and pain.



Muscle Imbalance

Most muscle groups work in equal, opposite pairs to ensure smooth, effective movement. Muscular imbalance in the trunk, shoulder and neck can lead to poor posture, pain and inefficiency of the shoulder muscles.

Weak deep neck flexors don't provide enough support

Tight pectorals pull the shoulder forward creating a slouched posture

Tight upper trapezius & levator scapula pull the head into 'poked neck' posture

Weak lower trapezius & serratus anterior lead to an unstable shoulder blade

