

Shoulder Abduction Screen for the assessment of neck and shoulder dysfunctions

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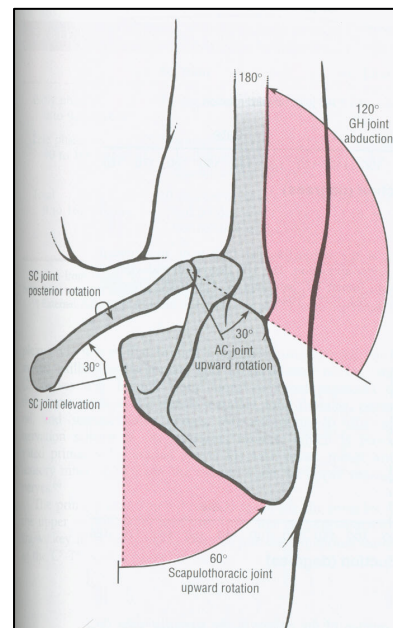
Whether evaluating the golfer's shoulder complex or neck region for injury or to build a golf fitness program, the Shoulder Abduction Screen is a valuable tool that will unveil the dysfunctions of the shoulder and neck region. The Shoulder Abduction Screen will primarily evaluate scapular stability during gleno-humeral joint elevation. It is imperative that the scapula stabilize effectively during arm abduction or flexion for overall shoulder stability.

To perform this test, have the patient stand with shirt off if a male and sports bra for a female. Place two fingers on the upper trapezius and thumb on the supraspinatus of the same hand, and two fingers of the other hand at the inferior angle of the scapula. Next, have the golfer abduct the arm at a moderate pace into full abduction. Have them perform this movement multiple times until you evaluate the following:

- For every 2° of gleno-humeral movement, there should be 1° of scapular upward rotation. There should not be any scapular movement until the humerus has adducted at least 30°. Ensure that the movement is not dominated by excessive upper trapezius firing.
- Excessive thoracic spine Kyphosis which will lead to excessive upward rotation at rest and will inhibit stability during the initial phase of abduction.
- If there is pain in the 60°-120° range of abduction this is known as the painful arc and is typically indicative of impingement of the rotator cuff.

If the scapula upwardly rotates prior to 30° of arm abduction this is indicative of a lack of scapular stabilization. You must have proximal (scapula) stability for distal (gleno-humeral joint) mobility. The gleno-humeral mobility is imperative in the golf swing and causes numerous swing faults if limited. Scapular instability may also lead to or be the cause of many shoulder injuries or pain syndromes such as rotator cuff impingement, tears, Labral tears, myofascitis, etc.

Upper trapezius dominance shows itself during this movement as a shoulder hiking movement versus a pure gleno-humeral abduction. During shoulder abduction, there will be upper trapezius involvement, but it should not dominate the movement pattern. This altered movement can not only cause the above shoulder dysfunctions but can lead to chronic neck tightness, decreased cervical rotation, and/or pain. Think about how many times a golfer performs shoulder abduction during the backswing or follow-through. If this movement is dominated by the upper trapezius, the above symptoms will



occur and lack of cervical rang-of-motion may lead to ball striking inconsistency and multiple swing faults.

If you are evaluating the non-painful golfer, dysfunctions found during the shoulder abduction screen can be corrected utilizing exercises to stabilize the scapula. If the shoulder or neck is injured, medical evaluation and treatment should precede any corrective exercises.

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Exercises:

Reach, Roll and Lift

Upper trapezius stretch

Levator scapulae stretch

Cats & Dogs

Integrated shoulder flexibility 1 & 2

I,Y,T, Ws

Straight-arm push-ups