AC AND SC JOINT MOBILIZATION INCREASES SHOULDER ELEVATION.

Gaunt BW: HPRC at St. Francis Rehabilitation Center, Columbus, Georgia, USA.

Background/Purpose: Full overhead elevation of the shoulder girdle requires the coordinated movement of the glenohumeral joint, scapulothoracic joint, cervical and thoracic spine, AC joint, and SC joint. While assessment and interventions directed at the first 4 structures are common if elevation is limited, the contributions of the AC and SC joint to elevation have largely been ignored. In a case study format, 1) the anatomy and biomechanics of these joint will be reviewed, 2) a cluster of signs and symptoms and clinical assessment to identify limited mobility of the AC /. SC joint during elevation will be presented and 3) specific mobilization techniques for both the AC and SC joint to increase shoulder elevation will be detailed.

Case Description: A 44 year old male presented 14 months s/p rotator cuff repair, SLAP repair, and Bankart repair with the primary c/o of intermittent pain at rest and increased pain with overhead and more vigorous activities even after an extensive course of previous therapy immediately post-operative. On assessment, it was determined that limited forward elevation was a primary impairment and that the primary structures restricting this motion were limited mobility of the AC and SC joints. Direct mobilization was performed a total of 4 treatments and a comprehensive home exercise program was given.

Outcomes: The patient was seen a total of 6 visits over 11 weeks. On the first treatment, FE AROM improved from 140º pre mobilization to 155º immediately post mobilization. This motion was well maintained with home exercise and subsequent treatments eventually increased AROM to 160º. Penn scores were 76 pre treatment, 76 one week after initial treatment and 85 at discharge.

Discussion: It is important to recognize that limitations in motion of the AC and SC joint are possible during shoulder elevation and such limitations may be a cause of reduced terminal elevation of the shoulder. This case demonstrates that direct mobilization can efficiently and effectively result in a marked immediate increase in shoulder elevation and a negligible increase in overall shoulder function.