Manual Therapy of the Shoulder

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Objectives

- Review Manual Therapy Principles
- Discuss the Scapular Restrictors
- Stretching Tips and Techniques
- Clinical Implications-Adhesive Capsulitis and Faulty Scapula –Humeral Rhythm Impingement Syndrome case presentations
Lot’s of methods out there..

- Maitland
- McKenzie
- Mennel
- Cyriax
- Kaltenborn
- McConnell
- Strain Counter Strain and ART
- And so on………………..
New Advances – Regional Interdependence

With respect to musculoskeletal models, regional interdependence refers to the concept that seemingly unrelated impairments in a remote anatomical region may contribute to, or be associated with, that patient's primary complaint.


Exercise and Manual Therapy

- Systematic Reviews
- 2004
- 2009
Evidence Based Practice

- Cadaver Investigation - Tightening posterior capsule resulted in:
  - increased anterior translation 4mm-7mm
  - increased superior translation 2 mm with shoulder flexion and horizontal adduction


How do we determine the indication for manual therapy?

- principles

Soft tissue release or Joint Mob?

- Do you mob or stretch or do a combination
- Does the patient's response guide your treatment?
Answers...

- You first perform a joint play assessment and if the restriction is capsular you perform mob's if not focus on stretching
- You should mobilize in the closed packed position at the end range and in the plane of the scapula-remember that the plane of the scapula changes to 10 degrees vs. 30 deg as you get to 90 deg of abduction

Lot's of common denominators ..

- Progress the force
- Change the angle
- Ischemic Compression-ART
- Patient's response to movement
- Bottom line: ASSESSMENT !!!!

SCAPULA RESTRICTORS
SCAP RESTRICTORS

- http://www.youtube.com/watch?v=QMppEW7EHx4
Restriction of ER—where to start?

- 0 deg of Abd
- 45 deg of Abd
- 90 Deg of Abd
Posterior Shoulder / Sleeper

MOBILIZATIONS
How do you grade your manual therapy assessment?

- Scar tissue drawing

much easier grading system than the 0 to 6... with stiffness

Tight
Extra tight
And oh my heavens did you feel that!
How to get those last few degrees of motion?

- Change the plane
- Change the force
- Make sure you increase the volume: frequency, duration of stretch
- Remember to mobilize into more than one plane if you plateau—because scar tissue will deform much easier when it is stretched in more than one plane at the same time—spaghetti example

Mobilizations Tips

- Remember the inclination of the glenoid fossa—need to glide a little more lateral than what you were taught
- Get your hand placement as close to the joint line as possible—perpendicular to the plane of your intended glide
- Add traction first
- Consideration of the size of you and your patient
CONCAVE vs. CONVEX RULE-

References


Research Report

- Roubal JOSPT (1996)
- JOSPT March 2007-anterior vs. posterior mobilizations for external rotation-Johnson et al……..
- “capsular constraint mechanism”-tight capsule draws the humeral head forward and limits rotation-so is centering the head of the humerus in the glenoid fossa a key ingredient to restore joint motion?

Work Sidelying-UE Ranger
Distraction

- Patient Position: Supine
- Get mobilizing hand deep into axilla and other hand supporting elbow
- Use body to do the mobilization—take up slack and lean away

Posterior Glide Tip

- Apply traction and mobilize posterior and about 25-30 deg lateral to the inclination of the glenoid fossa
- Positioning: Supine with mobilizing hand placed anterior on the humeral head
- Movement: A posterior lateral force is applied to the humeral head

Advanced Mob’s–Combined Motions multi-plane

- Anterior Glide/Inferior Glide (anterior inferior capsule) Traction with a little External rotation and then apply an ant/inf directed force at end range
T-SPINE TIPS

Stretching Tips

Thoracic Spine/Lat Stretch-Prayer Position

Upper Thoracic Mobs
Thoracic Mobilization

Two common Conditions

- Impingement: 16-21% of the population and 44-60% of all complaints of shoulder pain
- Adhesive Capsulitis

Adhesive Capsulitis
Research on Adhesive Capsulitis

- Many different medical and therapy approaches
- Little evidence or lack of evidence that current therapy routines are effective—Cochrane reviews 2007, Physiotherapy Journal 2002—systematic review

Research: Corticosteroid injections


References for today’s talk are available for public viewing at www.johnoseminars.com
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