

The Effectiveness of Exercise Therapy and MFR with Tools for Scapula Dyskinesia in Patients with Rotator Cuff Related Shoulder Pain

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INTRO

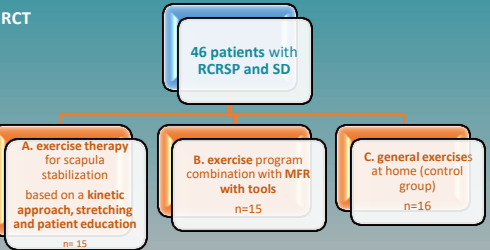
SD is a motor dysfunction associated with RCRSP. Exercise therapy focused on scapula in combination with stretching has a primary role. There are conflicting data about physiotherapy interventions in RCSR and SD (review) and no findings found for effectiveness of therapeutic exercise and MFR with tools.

PURPOSE

Investigate the effect of therapeutic exercise and MFR with tools in scapula dyskinesia in patients with RCSR

METHODS

RCT



Assessment = Baseline → 6w → 12w

- pain (VAS 0-10)
- functionality (Shoulder Rating Questionnaire)
- shoulder ROM (Clinometer Pro)
- scapula upward rotation (Clinometer Pro) / SDT
- strength (muscle tests-Microfet)
- protraction shoulder (Acromial Table Index and Pectoralis Muscle Length Index)
- posture (craniovertebral angle, thoracic curvature photogrammetry).



Therapeutic Exercise
 scapula stabilization exercises based on
 motor control, patient education, stretching
can Decrease Pain and Improve Functionality
in Scapula Dyskinesia and
Rotator Cuff Related Shoulder Pain
MFR with Tools (ergon) Contribute
 to the effectiveness of the program



RESULTS

- ✓ A and B group comparing C increased strength of shoulder and scapular muscles (except of upper trapezius), ROM, pain, functionality, posture and protraction of the shoulder in 6w and 12w (p<0,05)
- ✓ B group superior to A in 6w for pain and functionality and PMI in 12w
- ✓ B group in 6w and 12w had greater improvement than A for scapula upward rotation in 90° and 135° of arm elevation, for the lower trapezoid strength, strength and range of motion of flexion, abduction, external rotation and posture (ATI,TC) (p <0.05)

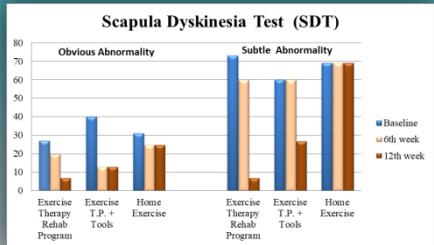


Fig.1

DISCUSSION

- ✦ Future studies could compare combination of therapeutic exercise, stretching and other soft tissue techniques.
- ✦ Active contact with the patient can help the recovery but should be investigated
- ✦ Future studies may include monitoring method for home exercises (f.e.= phone applications)
- ✦ Assessment with diagnostic U/S, electromyography
- ✦ Assessment of central sensitization
- ✦ 6 months follow up
- ✦ Effectiveness of rehabilitation program in overhead athletes

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