

Importance to Train Scapular Muscles to Avoid Scapular Dyskinesia in Athletes

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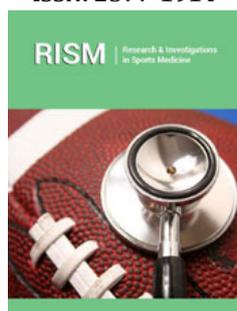
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ISSN: 2577-1914



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Submission:  January 28, 2021

Published:  February 17, 2021

Volume 7 - Issue 3

How to cite this article: Mohammad Sheeba Kauser, Maruthy T, Priyadarshini K, Kajol P, Sumiit M, Subhasis Karmakar. Importance to Train Scapular Muscles to Avoid Scapular Dyskinesia in Athletes. Res InvesSportsMed, 7(3), RISM.000662. 2021. DOI: [10.31031/RISM.2021.07.000662](https://doi.org/10.31031/RISM.2021.07.000662)

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Introduction

The movement examination of various game movement is an inescapable and fascinating field of biomechanical research. A few examinations summed up the kinematical boundaries of various games movement. The specialists for the most part utilized video-based movement analyzer frameworks. The elements of shoulder muscles during various rudimentary movements, for example, abdominal muscle and adduction, flexion extension and turn have been broadly concentrated by surface EMG and these give a premise to planning recovery conventions just as for following up the restoration program of glenohumeral and scapulothoracic muscles [1,2]. Barely any analysts have utilized unique EMG to analyze shoulder muscle movement during overhead games exercises, overwhelmingly overhead baseball throwing [3-5]. Among overhead competitors the danger of shoulder injury might be expanded with the degree of competitor, the way of tossing, the length of the toss and the degree of related muscle weakness that happens all through practices. Formative precariousness may show up following quite a while of hefty trainings that prompts diverse shoulder issues creating during the vocation of overhead. Wounds of the rotator sleeve are the most widely recognized ones while messes (crack, tendinitis and so forth) of biceps ligament and pectoralis major can likewise be noticed [6]. Expanding the strength of muscles liable for shoulder joint security can prompt injury anticipation by keeping up the humeral head in the glenoid. characterizing enactment examples of different muscles may help in arranging the recovery cycle as the exact reproduction and preparing system of the harmed as well as influenced muscles can appropriately be arranged and routinely and precisely followed up with EMG estimations. The motivations behind this investigation were i) to characterize a definite grouping of solid action designs in chosen shoulder support muscles during pull, push, and height and during overhead toss and ii) to dissect the qualities of overhead toss in expert spear hurlers. An improved comprehension of muscle action designs during various developments may profit numerous parts of athletic preparing, injury avoidance, and even recovery after injury.

Method

Out of 30 expert lance hurler 27 male (age 21.2±35.1 years, stature 188.3±12.1 cm, weight 75.1±4.1kg) and THREE female (age 19.9±2.38 years, tallness 176.9±12.4cm, weight 62.3±7.3kg) competitors were chosen for the estimation. The expert competitors were completely prepared by a similar coach of the public group, which guaranteed similar preparing convention for all the competitors. The correlation bunch was chosen from among college understudies, so as the age, body stature and weight, BMI were tantamount to those

of expert competitors. Out of 20 of the correlation bunch 16guys (age 22.1 ± 1.1 years, stature 182.9 ± 23.9 cm, weight 72.1 ± 3.4 kg) and 6 females (age 22.6 ± 2.12 years, tallness 164.1 ± 33.3 cm, weight 61.1 ± 4.5 kg) stayed in the investigation.

Inclusion criteria

- A. Musculoskeletal pain complains.
- B. Only upper limb involved.
- C. Both male and female.

Exclusion criteria

- A. Past history of pain.
- B. Arthritis.

All subjects were given consent for taking into study, and procedure was explained by the clinical physiotherapist. The accompanying developments were examined: (a) pull; (b) push; (c) rise; (d) slow and (e) quick overhead toss. Every development was rehashed at any rate multiple times in a steady progression, the development arrangement was persistent. Before the estimation the end purposes of the developments and the development itself were instructed to the subjects so as they could rehash the development in a similar way. Each period of the force, push and rise practices was performed at 45 beats for every moment, normalized with the guide of a metronome. Activities including the utilization of versatile opposition were performed a way off away from the purpose of obsession, where the subject could perform in any event three reiterations while keeping up predictable metronome (1) pectoralis major, (2) infraspinatus, (3-5) front, center and back deltoid, (6) supraspinatus with trapezius (upper trapezius), (7) biceps brachii, and (8) rear arm muscles brachii were recorded in equal. Ag-AgCl mono-polar surface cathodes (blue sensor P-00-S, Germany) were connected to the skin over the muscle tummy, in the primary course of muscle filaments with an interelectrode focus to-focus distance of 30mm. The reference anode was taped to the seventh cervical spine measure and to the acromion. Anodes were set utilizing the proposals of SENIAM [7]. EMG examination was performed on the predominant side. The anodes were associated with an eight-channel EMG enhancer (Zebris CMS-HS movement breaking down framework, Germany). The testing rate was 1000Hz.

The root mean square (RMS) estimations of EMG signals were determined for back-to-back portions of 50ms. To permit correlation of the action in explicit muscles and the movement in explicit muscles among various people the EMG was standardized. Most extreme EMG reference esteems were determined for each muscle by utilizing the limit of five pinnacles EMG signs to speak to 100%MVC [8]. Muscle action was arranged as insignificant (0% to 39.9%), moderate (40% to 74.9%) or checked (75% to 100%) [6]. The mean and standard deviation of MVC% were resolved for each muscle during the distinctive development types [9-21]. The time broadness among top muscle exercises in percent of absolute season of a development cycle was determined independently at

each subject. The mean and standard deviation of time broadness were controlled by gatherings. Correlations of MVC% and the time broadness among top muscle exercises between the two gatherings were made by unpaired t-test with α set at 0.05.ed.

Results

The mean estimations of MVC%, standard deviation (SD), evaluating of movement of each muscle gathering and critical contrasts between the two gatherings are summed up in Table 1. The mean of time broadness among top muscle exercises was 12.1% in the correlations and 11.4% in spear hurlers on the off chance that we thought about the all-out season of a toss to be 100%. The thing that matters was not huge ($p=0.56$).

Discussion

Gowan et al. [4] and Kelly et al. [6] have characterized two groups of muscles. Infraspinatus, supraspinatus, three pieces of deltoid characterized as stabilizers. Subscapularis, pectoralis major, latissimus dorsi and rear arm muscles brachii characterized as quickening agents. Based on our examination this definition could be utilize for toss, yet it very well may be utilized for pull, push and height too. During pull and push, the action of all muscles of sporting competitors is higher than that of expert competitors' (Table 1). Critical contrasts could be seen between the two gatherings of the center and posterior deltoid, supra- and infraspinatus. The thing that matters is best obvious during rise, as in the examination bunch the action of every one of the three pieces of the deltoid and the supraspinatus is most extreme while in spear hurlers the foremost and center deltoid and the supraspinatus show maximal action. This shows that coordination in muscle withdrawal assumes a huge part in balancing out the shoulder joint, and the job of the muscles referenced above is higher in sporting competitors during pull, push and height than in qualifier hurlers.

During overhead toss in the examination gathering, the movement level of one top of the deltoid is a lot higher than that of different muscles while in spear hurlers other than the deltoid the action level of one of the rotator sleeve muscles is higher than the others. During moderate overhead toss, there was no huge distinction in the most extreme withdrawal of the muscles between the two gatherings. We guess that this sort of movement was similarly obscure for the two gatherings and this is the motivation behind why the evidently more created neuromuscular examination of the competitors was not self-evident. During greatest speed overhead toss, there was critical contrast between the two gatherings in the action of the back deltoid. This demonstrates that during overhead toss of expert competitors an extra muscle (back deltoid) must be included to guarantee legitimate dependability of the shoulder joint as powers created during quick speed toss requires this. On premise of the outcomes, it very well may be resolved the pinnacle muscle action is essentially higher during the dynamic movement, as the overhead toss than during the isokinetic movement. Pinnacle muscle action relies upon power, on speed and on proprioception level of muscles. In the correlation gathering, 3-4 muscles

accomplish almost 100% MVC esteem, while in lance hurlers 5-8 muscles accomplish almost 100% MVC esteem. In lance hurlers, the standard deviation of MVC estimations of the muscles is altogether

higher than that of the correlation gathering ($p=0.007$) (Table 1). These discoveries are associated by aftereffects of Hintermeister et al. [22].

Table 1: Average MVC% (standard deviation) of the muscles examined of the comparison group and javelin throwers; grading of activity level of muscles during a) pull b) push c) elevation.

Pull	Comparison Group n=16	37 (22.86)	27.47 (54.13)	55.237 (47.81)	83.40 (6.13)	43.0 (22.31)	59.60 (28.03)	45.60 (25.00)	49.80 (27.82)
		+	++	++	+++	++	++	++	++
	Javelin Throwers n=9	49.20 (12.10)	44.30 (24.20)	22.60 (46.67)	40.90 (13.97)	92.00 (20.32)	39.60 (16.26)	28.40 (20.63)	44.30 (30.31)
Push	Comparison Group n=16	38.25 (20.45)	63.10 (29.12)	43.87 (17.26)	32.23 (16.18)	12.13 (13.47)	50.27 (23.21)	55.53 (29.95)	50.67 (28.70)
		++	+++	++	+				
	Javelin Throwers n=9	37.60 (23.24)	56.40 (13.05)	30.10 (22.07)	12.40 (10.13)	13.30 (12.08)	44.80 (20.51)	53.20 (23.40)	32.30 (28.53)
Elevation	Comparison Group n=16	27.73 (21.68)	70.00 (12.54)	79.57 (19.08)	50.13 (21.14)	76.33 (22.50)	68.60 (26.08)	58.47 (23.43)	47.33 (26.94)
		+	+++	+++	+++	+++	++	++	++
	Javelin Throwers n=9	18.20 (14.56)	80.90 (56.12)	73.90 (18.85)	422.9 (36.67)	59.60 (20.37)	71.70 (30.78)	71.10 (35.30)	29.10 (19.24)
		+	+++	+++	++	+++	++	++	+

Legend: Activity level: + minimal, ++ moderate, +++ maximal. The significant differences ($p<0.05$) in muscle activity were marked in bold.

The other boundary for the attributes of muscle action design is the time broadness in the percent of the development cycle. In lance hurlers that of the agonist and enemy muscles are negligible, while in the examination subjects the time broadness is more extensive; in any case, the distinction between the gatherings isn't huge. This can be very much seen during quick overhead toss. This recommends that distinctive neuromuscular control and proprioception of lance hurlers cause diverse muscle coordination during tossing. The examination of consequences of MVC% and time broadness in the percent of the development cycle may fortify our conviction that the diverse movement examples could be portrayed by MVC and by time broadness in the percent of the development cycle. The perceptions above came about because of various movement designs in the two gatherings that may allude to the scholarly character of overhead toss, which is connected by discoveries of before examines [6,23,24].

Conclusion

Contrasts during the overhead toss are more critical. The deltoid muscle and rotator sleeve of sporting competitors show more grounded movement than those of hurlers during pull, push and rise [25]. The deltoid muscle and the rotator sleeve of expert hurlers show more grounded movement during overhead toss. Examining the point-by-point qualities of muscle action design

(contrasts long of action periods, MVC% of muscles and time broadness among top muscle exercises in percent of absolute season of a development cycle) may give a premise to better arrangement improved execution and help in arranging legitimate preparing and restoration convention.

References

1. Windt DA, Koes BW, Jong DBA (1995) Shoulder disorders in general practice: incidence, patient characteristics, and management. *Ann Rheum Dis* 54(12): 959-964.
2. Ludwig PM, Reynolds JF (2009) The association of scapular kinematics and glenohumeral joint pathologies. *J Orthop Sports Phys Ther* 39(2): 90-104.
3. Bot SD, Waal JM, Terwee CB, Schellevis FG, Bouter LM, et al. (2005) Incidence and prevalence of complaints of the neck and upper extremity in general practice. *Ann Rheum Dis* 64(1):118-123.
4. Picavet HS, Hazes JM (2003) Prevalence of self-reported musculoskeletal diseases is high. *Ann Rheum Dis* 62(7): 644-650.
5. Gerr F, Marcus M, Monteilh C (2004) Epidemiology of musculoskeletal disorders among computer users: lesson learned from the role of posture and keyboard use. *J Electromyogr Kinesiol* 14(1): 25-31.
6. Kamkar A, Irrgang JJ, Whitney SL (1993) Nonoperative management of secondary shoulder impingement syndrome. *J Orthop Sports Phys Ther* 17(5): 212-224.
7. Lintner D, Noonan TJ, Kibler WB (2008) Injury patterns and biomechanics of the athlete's shoulder. *Clin Sports Med* 27(4): 527-551.

8. Kibler WB, Sciascia A (2010) Current concepts: scapular dyskinesis. *Br J Sports Med* 44(5): 300-305.
9. Behrsin JF, Maguire K (1986) Levator scapulae action during shoulder movement: a possible mechanism for shoulder pain of cervical origin. *Aust J Physiother* 32(2): 101-106.
10. Gwendolen J, Michele S, Deborah F, Julia T, Shaun O'L (2008) Whiplash, headache and neck pain. (1st edn), Churchill Livingstone, London, UK, pp. 1-260.
11. Ludewig PM, Braman JP (2011) Shoulder impingement: biomechanical considerations in rehabilitation. *Man Ther* 16(1): 33-39.
12. Struyf F, Nijs J, Mottram S, Nathalie AR, Ann MJC, Romain M (2014) Clinical assessment of the scapula: A review of the literature. *Br J Sports Med* 48(11): 883-890.
13. Ellenbecker TS, Cools A (2010) Rehabilitation of shoulder impingement syndrome and rotator cuff injuries: an evidence-based review. *Br J Sports Med* 44(5): 319-327.
14. Cools AM, Declercq G, Cagnie B, Cambier D, Witvrouw E (2008) Internal impingement in the tennis player: rehabilitation guidelines. *Br J Sports Med* 42(3): 165-171.
15. Forthomme B, Crielaard JM, Croisier JL (2008) Scapular positioning in athlete's shoulder: particularities, clinical measurements and implications. *Sports Med* 38(5): 369-386.
16. Jaggi A, Lambert S (2010) Rehabilitation for shoulder instability. *Br J Sports Med* 44(5): 333-340.
17. O'leary S, Falla D, Elliott JM, Gwendolen Jull (2009) Muscle dysfunction in cervical spine pain: implications for assessment and management. *J Orthop Sports Phys Ther* 39(5): 324-333.
18. Ludewig PM, Cook TM (2000) Alterations in shoulder kinematics and associated muscle activity in people with symptoms of shoulder impingement. *Phys Ther* 80(3): 276-291.
19. Laudner KG, Myers JB, Pasquale MR, James PB, Scott ML (2006) Scapular dysfunction in throwers with pathologic internal impingement. *J Orthop Sports Phys Ther* 36(7): 485-494.
20. Hebert LJ, Moffet H, MC Fadyen BJ, Clermont E Dionne (2002) Scapular behavior in shoulder impingement syndrome. *Arch Phys Med Rehabil* 83(1): 60-69.
21. Lin JJ, Hanten WP, Olson SL, Toni SR, David AS (2005) Functional activity characteristics of individuals with shoulder dysfunctions. *J Electromyogr Kinesiol* 15(6): 576-586.
22. Kibler WB (1998) The role of the scapula in athletic shoulder function. *Am J Sports Med* 26(2): 325-337.
23. McClure PW, Michener LA, Karduna AR (2006) Shoulder function and 3-dimensional scapular kinematics in people with and without shoulder impingement syndrome. *Phys Ther* 86(8): 1075-1090.
24. Mottram SL (1997) Dynamic stability of the scapula. *Man Ther* 2(3): 123-131.
25. Illyes A, Kiss RM (2006) Kinematic and muscle activity characteristics of multidirectional shoulder joint instability during elevation. *Knee Surg Sports Traumatol Arthrosc* 14(7): 673-685.

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