

Reasoning your way through the injured athletic shoulder

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The majority of athletic shoulder injuries that create a challenge for the physiotherapist are those related to overuse during overhead activities. Research related to these lesions has predominantly been conducted on throwers and, in particular, baseball pitchers. This paper focuses on the throwing shoulder, but similar presentations are found with other overhead sports. Early hypotheses related to the pathology of the painful athletic shoulder have changed from subacromial impingement secondary to anterior laxity, and intra-articular/internal impingement and eccentric load on the biceps anchor during follow-through leading to fatigue failure of the superior labrum. The current most favoured hypothesis is that of a primary lesion to the superior labrum secondary to altered glenohumeral mechanics during the late cocking phase of the throw. Disagreement on the pathology makes clinical evaluation and interpretation of physical findings difficult. To make the process even more challenging, critical evaluation of the plethora of clinical tests reported for diagnosis of SLAP lesions indicates that none has a satisfactory level of reliability or diagnostic accuracy. The only definitive treatment for a SLAP lesion is surgical repair, which does not address the contributing features that lead to development of the lesion in the first instance. Evaluation for and attention to the common contributing factors is essential in conjunction with the throwing coach, both pre- and post-operatively. Successful interpretation of the presenting features and ongoing diagnostic reasoning is required for the physiotherapist to reach a satisfactory outcome for the injured overhead athlete.