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Giving them wings: Global integration of the sporting shoulder

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The shoulder presents a unique rehabilitation challenge, as arguably no other joint offers such movement diversity. It is structurally designed for extraordinary mobility, yet we also demand that it withstand high loads requiring great stability. How can we reconcile this dilemma in rehabilitation? The shoulder can only cope with these extremes if well integrated with the rest of the body, and this involves a fine interplay between multiple factors. Coordinated connections throughout the kinetic chain along with the balance across global myofascial relationships create a foundation of support for the shoulder which minimizes load, and maximizes effective upper limb function. Optimal force transference strategies in the upper zone will further determine whether this global support can be accessed and utilised effectively. Moving from a muscle focus to a movement focus, bridges the gap between rehabilitation and performance technique. The body has intelligent solutions for managing forces if fundamental foundations are laid and maintained throughout rehabilitation and training, yet these are frequently not present in many athletes, even at elite level. The principles of Functional Force Management® offer a simple but effective guide to global integration for detection of injury risk, rehabilitation and performance optimisation, elegantly connecting the medical, training and coaching realms.

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Paradigm shift in manual therapy for frozen shoulder

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Shoulder pain is reported to be the most common musculoskeletal disorder after spinal pain. Frozen shoulder syndrome, clinically known as adhesive capsulitis, is a painful and debilitating condition affecting up to 5% of the population. Codman, initially considered frozen shoulder as the condition to be an 'adherent subacromial bursitis', but after 15 years of clinical observation, he rejected this in favour of the term frozen shoulder. During a one year period (approximately 1933), clinical concepts suggested that altered muscle activation patterns of the scapulothoracic or rotator cuff muscles contribute towards the dyskinesia and development of pain. Changes in the force couple between the lower trapezius and serratus anterior with the upper trapezius and rhomboids may contribute towards dyskinesia. Posterior glide mobilization was determined to be more effective than anterior glide for improving external rotation range of motion in patients with adhesive capsulitis. In Travell and Simons' classic textbook, the authors described how the subscapularis muscle in particular is referred to as the "Frozen Shoulder" muscle because, trigger points in the subscapularis cause limitations in shoulder elevation and external rotation. In conclusion, adhesive capsulitis is a challenging condition for both the physical therapist and patient. The main focus of my talk will be focusing on the treatment options for frozen shoulder and identifying the most appropriate treatment by stage of frozen shoulder with the help of interventions.

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