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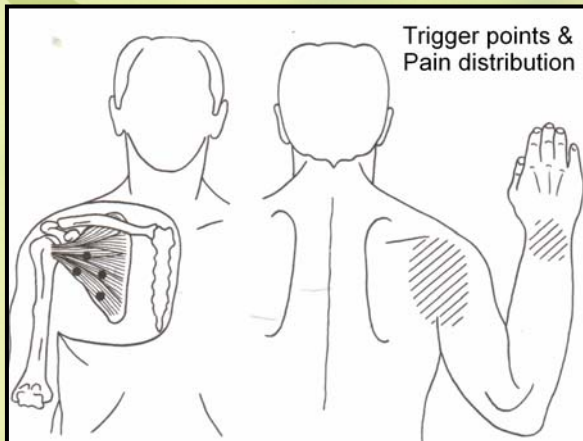
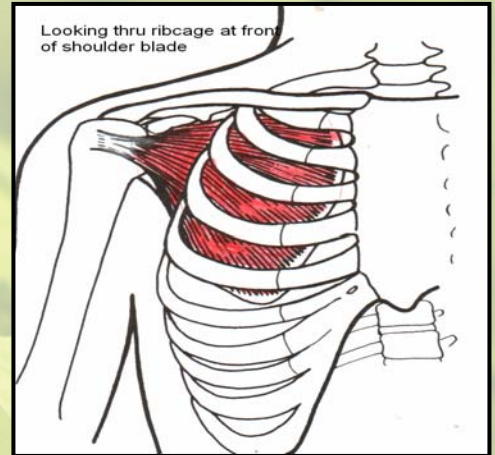
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SUBSCAPULARIS JULY 2008 NEWSLETTER

Since I strive to keep this to a one pager, I'm planning a series on the rotator cuff muscles, elaborating on each important one per newsletter. To simplify things a bit, the term "rotator cuff" can be broken down to *function* (rotation) and *anatomy* (cuff – a group of muscles encircling a body part). Shoulder range of motion includes internal and external rotation ... from a neutral position, bend your elbow to 90 degrees and bring hand to abdomen so that your elbow points outwards -- your shoulder is now rotated inwards. Next, keeping your elbow bent to 90 degrees, swing your hand outwards towards the back, thus pointing the elbow inwards to your side – your shoulder is now externally rotated. The focus this month is on a large internal rotator called the

subscapularis (term breakdown: sub = beneath/under; scapula= shoulder blade), and the belly of this muscle can be found on the front of the shoulder blade, sandwiched between the scapula and the ribs in the back. All four rotator cuff muscles work together simultaneously to keep the humerus in it's shallow socket, and must be in balance for the shoulder joint to function optimally. The combination of shallow socket, muscular stabilization and ligament design are all contributing factors to a greater range of motion for the shoulder, but also to a greater probability of injury. Subscapularis is commonly strained with unaccustomed overexertion via repetitive or heavy activities, such as ball throwing, swimming, or forceful overhead lifting; pressing a purse or child close to the chest (all involve active contraction).



Immobilizing the arm close to the body when sleeping or wearing an arm sling due to injury (passive positioning), or having had a stroke injury leads to prolonged inactivity and shortening of shoulder muscles. Trigger points love to set up shop and create all kinds of pain and trouble here! When tight, subscapularis can prevent the arm from rising, so if you find it difficult or painful to reach up and/or behind you to put a shirt on, comb your hair or throw a ball, this muscle is likely to be involved. Left untreated, other shoulder muscles will tighten and shorten causing even more pain and limited usage. In addition, the shortening and forward pull of the subscapularis creates a stretch strain on your neck and

upper back muscles! Symptoms include a dull achy pain at the back of the shoulder which may extend down the side or back of the upper arm, and almost always present is an ache at the back of the wrist. There may be clicking, popping and sharp pain with certain movements, and tenderness at the front of the shoulder where the tendons attach. This muscle is treated via the armpit, and my clients just love the dreaded armpit massage, but they will testify that it works! In short, if you're experiencing shoulder, neck or upper back discomfort, make an appointment to see me. I'll do the figuring out of what needs work, as it's often a multitude of muscles that are affected.

WHAT'S NEW... Instead of taking a large block of vacation time, Lee-Ann is compacting her work week to four days (Wednesday, Thursday & Friday from noon-ish to 7:30 ish, and Saturdays from 9:00 to 2:30). Thai massage is being phased out of current services.