

Application of Pune Shoulder Rehabilitation Programme in Treating Scapular Dyskinesia: A Case Study

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ABSTRACT

Scapular dyskinesia refers to abnormal static positioning and dynamic motion of the scapula, often resulting from altered bony stabilisers and impaired muscle activation patterns. These changes disrupt the scapulo-humeral rhythm, leading to functional limitations and shoulder dysfunction. The muscular system, including the pectoralis minor, rhomboids, trapezius and serratus anterior, plays a vital role in maintaining optimal scapular motion and positioning.

This case study aims to evaluate the effectiveness of Pune Shoulder Rehabilitation Program (PSRP) in improving scapular alignment, shoulder mechanics and function in an individual with scapular dyskinesia.

A 27-year-old male presented with asymmetric shoulder mechanics— anterior translation of the right and posterior translation of the left shoulder during gait. Symptoms began in 2018, after intense shoulder exercises and gradually worsened.

Physiotherapy assessment confirmed type II scapular dyskinesia based on Kibler's classification, with an altered scapulo-humeral rhythm and weakness in scapular stabilisers. Assessments included static scapular positioning (acromion-to-wall distance, scapular medial border to T4 spinous process), pectoralis minor length, and MMT-based muscle strength, muscle tightness and shoulder angle analysis via Kinovea software. An 8-week PSRP protocol, administered 5 days/week, emphasised scapular stabilisation, strengthening, postural correction and symmetrical alignment restoration.

By the 6th week, notable improvements were observed in acromion and scapular border measurements and pectoralis minor length. By 8th week, shoulder angles and muscle strength showed marked improvement. PSRP effectively improved scapular alignment, muscle strength and shoulder function in a case of scapular dyskinesia.

Keywords: Kibler Classification, Scapular kinematics, Scapulo-humeral rhythm

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