

Learning Objectives

MedBridge

The Swimmer's Shoulders: Swimmers Aren't Pitchers

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Course Objectives:

- Identify the anatomy and biomechanical causes of swimmer's shoulder
- Describe the phases of the swim stroke cycle and the corresponding tissue stress that occurs at each phase.
- Be able to prescribe exercise cues and stroke corrections to unload the shoulder while returning into the water post injury, or for long term tissue adaptation and prevention.

Chapter 1: Anatomy of A Swimmer's Shoulder

In chapter 1, we'll present the framework for the etiology of swimmer's shoulder. Swimming is by definition an open and closed chain sport operating in a "swimmer's paradox."

Essentially, the dominant muscles of the upper quarter all contribute to compromised scapular and glenohumeral dyskinesia, impairing the essential mobility and dynamic stability normally present. This model will allow us to build a working vocabulary for this course.

Chapter 2: Technique: Stroke Mechanics and Shoulder Loads

While you don't have to be a swimmer, you likely treat them. We'll break down the differences between throwing mechanics and swimming mechanics. We'll demonstrate the location and amount of tissue compromise that occurs at each of the four phases of the swim stroke (Australian crawl) to enable you to quantify the mechanical stress imparted each and every lap. We'll highlight research that shows how to cue and correct swimming form to minimize stress on the shoulder exactly when and where your patient needs it.

Chapter 3: Treatment: Clinical Corrections for Stroke Flaws

Swimming is a technical and complex interaction, and it's critical that we send our patients to the water with the necessary mobility, coordination, stability, and postural endurance to achieve good stroke mechanics. We'll highlight suggestions for clinical intervention at each of the phases of the swim stroke to ensure we are building better habits for better swim form.