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Physical Therapy for Scapular Dyskinesia

The following is a basic framework from which to work during rehabilitation for scapular dyskinesia. We encourage patients and therapists to communicate with Dr. Brusalis and his staff with any questions.

Instructions:

Muscles to focus upon: *Rhomboids, Trapezius, Levator, and Serratus Anterior.*

Phase I:

- Goals: Initiate voluntary control, re-establish balance, and normalize mobility.
- Incorporate postural education.
- Suggested exercises:
 - Prone horizontal abduction in neutral rotation and external rotation
 - Supine Serratus Anterior punches
 - Standing scapular retractions against resistance bands
 - Standing table lifts with scapular retraction
 - Push-ups onto the wall
 - Side-lying neuromuscular control drill (with resistance)
 - Prone rowing with dumbbells
 - Pectoralis minor and posterior capsular stretching
 - Adducted and abducted internal and external rotational strengthening.
 - Core strengthening (planks) if shoulder is pain free during these exercises.

Phase II:

- Goals: Improve balance, enhance stabilize, improve proprioception
- Suggested exercises:
 - Pectoralis minor stretching
 - Prone rowing
 - Prone horizontal abduction on a ball in “I”, “W”, “T”, and “Y” formations
 - Standing table lifts with retraction and external rotation
 - Push-ups onto a ball (table)
 - Push-ups onto two plyoballs onto the wall
 - Sidelying neuromuscular control drills with and without resistance
 - Core strengthening (planks)

Please provide with a home exercise program to be performed throughout
Progress as tolerated

Frequency: 2-3 times/week

Duration: 6 Weeks