

Outline

Assessment of the Shoulder, Thoracic Spine, Scapula

- Posture
 - Upper Crossed Syndrome
 - FHP, rounded shoulders, increased thoracic kyphosis
- Contributing causes
- Functional Impact
 - Impaired scapular movement pattern
 - Posterior/anterior: muscular tone
- Joints
 - GH joint
 - SC and AC joints
 - Scapulothoracic joint
- Key muscle of the shoulder complex
- Ligaments, joint capsule, labrum
- AROM Screen of shoulder, c-spine and t-spine
 - FMS/SFMA Movement Screen
 - Cervical spine
 - Shoulder positions 1 and 2
 - Multisegmental flexion/extension
 - Multisegmental rotation
- Strength Assessment
- Palpation
 - Tenderness, tone, joint mobility
 - Scapular glides, thoracic PA glides

Differential Diagnosis

- Instability
- Impingement
 - Subacromial vs GH
- Rotator Cuff Pathology
 - Referral patterns, weakness
- Labral Tear
 - Catching, peel back mechanism
- Biceps tendonitis
- Cervical radiculopathy
- Red flags- when to refer

Treatment – Mobilization

- IASTM, cupping, STM, TPR
- Joint mobilization
 - Scapula, GH, thoracic/1st rib, AC & SC joint
- Capsular stretch
- Active Treatment Strategies
 - Foam roll, tennis ball
- Thoracic mobility
 - Seated thoracic ext
 - Physio ball
 - Prone chin tuck
- Self-Stretch/Home Program
 - Pecs, lats, subscap, posterior capsule

Treatment - Strengthening

- Scapular Stability
 - Lower trap, serratus
 - Lower trap progression
 - Dynamic planks
 - Mid Trap/Rhomboids
- Neuromuscular Re-education
 - Dynamic use of physio ball, medicine ball, foam, planking
- Rotator Cuff Strengthening
 - Isometric strengthening
 - Resistance band
 - Concentric/eccentric strengthening
 - PNF, AROM

Critical Thinking – Bringing it all Together

- Limited overhead shoulder flexion:
 - What posture may be causing this?
 - What shoulder extensors could be limiting it?
 - What shoulder elevators may be weak/inhibited?
 - What scapulothoracic mechanics are needed?
- Limited overhead shoulder abduction:
 - What posture may be causing this?
 - What shoulder adductors could be limiting it?
 - What shoulder elevators may be weak/inhibited?
 - What scapulothoracic mechanics are needed?
- Limited shoulder ER / Limited IR:
 - What posture may be causing this?
 - What muscles could be limiting it?
 - What muscles may be weak/inhibited?
 - What scapulothoracic mechanics are needed?

Live Webinar Schedule
(Times listed in Eastern)

- 8:00 Program begins
- 12:00-1:00 Lunch Break
- 3:30 Program ends

There will be two 15-min breaks (mid-morning & mid-afternoon). Actual lunch and break start times are at the discretion of the speaker. A more detailed schedule is available upon request.

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Comprehensive Evaluation and Treatment of the SHOULDER COMPLEX

A shoulder patient is rarely ‘just a shoulder.’ Differentiating between the rotator cuff, impingement, referred pain from the cervical spine, the thoracic spine, postural dysfunction and more - will even leave experienced clinicians scratching their heads.

Adding to the challenge is the often vague and diffuse symptom reports patient’s offer as they struggle to describe what they feel, other than, “it hurts.”

Successful treatment of the shoulder is just as dependent on your differential diagnosis as it is on any of your interventions.

A complicated process — simplified! You will get to the root cause of impairment faster and confidently with a comprehensive assessment to:


- Accurately assess the rotator cuff, labrum, joint capsule and ligaments
- Identify contributions from the AC, SC and scapulothoracic joints
- Objectively and efficiently assess involvement of the cervical and thoracic spine
- Live demonstrations and case studies by physical therapist & athletic trainer, Katie DuFrene, PT, DPT, LAT

Knowing is half the battle, next is what you do about it. With an emphasis on function, treatment strategies utilize multiplanar dynamic application. Covered techniques include manual therapy, active mobilization techniques, strengthening, neuromuscular re-education, PNF and more! All of which can be done with simple tools you likely already have in the clinic.

Your success and recognition as the go to shoulder specialist awaits, and at an exceptional price when you register by May 22, 2023.

Objectives

1. Investigate anatomy of the shoulder and its surrounding regions.
2. Develop a logical and practical assessment of the shoulder, cervical and thoracic spine (including assessment of posture, mobility, strength and palpation).
3. Propose and clarify the many differential diagnoses that can present as shoulder pain.
4. Investigate a wide range of treatment techniques to address impairments identified in a shoulder assessment.
5. Assess barriers/factors that limit progress in shoulder function as it relates to ADLs and occupational tasks.
6. Apply the assessments and interventions discussed in this seminar to a series of interactive case scenarios.



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Meet Your Speaker
Katie DuFrene, PT, DPT, LAT, studied kinesiology during her undergraduate and began personal training and coaching for fitness, gymnastics, cheerleading and dance. She then went on to earn a master’s in athletic training and a clinical doctorate in physical therapy.

Katie has worked with collegiate and professional athletes of all sports (although there is a special place in her heart for gymnasts). She has worked with a variety of orthopedic conditions from post-operative treatments, to sprains and strains, to concussions. She holds certifications in functional movements screen/selective functional movement assessments, kinesiotope and instrument assisted soft tissue manipulation. She also enjoys pediatric practice including managing development delays. She has been a lead volunteer for the Special Olympics of Frederick’s Young Athletes Program.

Speaker Disclosure:
Financial: Katie DuFrene has an employment relationship with the Centers for Advanced Orthopaedics. She receives a speaking honorarium from PESI, Inc. She has no relevant financial relationships with ineligible organizations.
Non-financial: Katie DuFrene has no relevant non-financial relationships.

Target Audience:

Physical Therapists/Physical Therapist Assistants • Occupational Therapists
Occupational Therapy Assistants • Athletic Trainers
Strength and Conditioning Specialists • Other Rehab and Healthcare Professionals

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For specific credit approvals, details, and planning committee disclosures, please see the “credit approvals and details” URL below. For speaker disclosures, please see speaker bios.

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