

# SNAPPING SCAPULA



## ■ ■ ■ Description

Snapping scapula is characterized by a snapping of the shoulder blade (scapula) that can be heard by the athlete, and often others; this may be due to one of many causes. Pain may be associated with the snapping. The snapping may be normal and not cause any problems or pain. On the other hand, it may be painful and affect shoulder function. The snapping is caused by grating or rubbing of the scapula against the chest wall, or more specifically, the ribs. Some areas of the scapula are not well cushioned against the ribs and the bony prominences of the scapula snap over the ribs. Bursae exist to help reduce friction between the scapula and the chest wall. These bursae may become inflamed (bursitis).

## ■ ■ ■ Common Signs and Symptoms

- Snapping, grating, or popping of the shoulder or scapula, often without discomfort; felt on the back or chest wall; sometimes scapula feels like it is jumping out of place
- Bump felt on the scapula
- Affected scapula may be more prominent; may hurt to sit on a chair with a high back

## ■ ■ ■ Causes

This condition may be caused by bony alterations of the scapula or soft tissue growths (normal variants or benign or malignant tumors); muscle atrophy, producing an imbalance, may cause the shoulder blade to snap or grate. This may be accentuated by repetitive motion causing inflammation of the bursae as the scapula passes the bony prominences of the ribs, leading to thickening and scarring of the bursa. Potentially, direct injury may result in bursal inflammation.

## ■ ■ ■ Risk Increases With

- Contact or collision sports, especially when there is inadequate protection of exposed areas
- Poor physical conditioning (strength and flexibility)
- Inadequate warm-up before practice or play
- Muscular imbalance or atrophy of the muscles of the scapula
- Previous fracture of the scapula or ribs

## ■ ■ ■ Preventive Measures

- Wear appropriate protective equipment and ensure correct fit.
- Appropriately warm up and stretch before practice or competition.
- Allow time for adequate rest and recovery between practices and competition.
- Maintain appropriate conditioning:
  - Capsular muscle strength
  - Endurance and flexibility
  - Cardiovascular fitness

## ■ ■ ■ Expected Outcome

This condition is usually curable with time and appropriate treatment.

## ■ ■ ■ Possible Complications

- Prolonged healing time if not appropriately treated or if not given adequate time to heal
- Chronically inflamed bursa, causing persistent pain with activity that may progress to constant pain
- Recurrence of symptoms if activity is resumed too soon, with overuse, with a direct blow, or when using poor technique

## ■ ■ ■ General Treatment Considerations

Initial treatment consists of medication and ice to relieve the pain, stretching and strengthening exercises, and modification of the activity that initially caused the problem. These all can be carried out at home, although referral to a physical therapist or athletic trainer for further evaluation and treatment may be helpful. An injection of cortisone into the inflamed bursa may be recommended. Surgery to remove the bursa or bony prominence or soft tissue mass may be recommended; this is usually only considered after at least 6 months of conservative treatment.

## ■ ■ ■ Medication

- Nonsteroidal anti-inflammatory medications, such as aspirin and ibuprofen (do not take within 7 days before surgery), or other minor pain relievers, such as acetaminophen, are often recommended. Take these as directed by your physician. Contact your physician immediately if any bleeding, stomach upset, or signs of an allergic reaction occur.
- Pain relievers are usually not prescribed for this condition. If your physician prescribes narcotic pain medications, use only as directed.

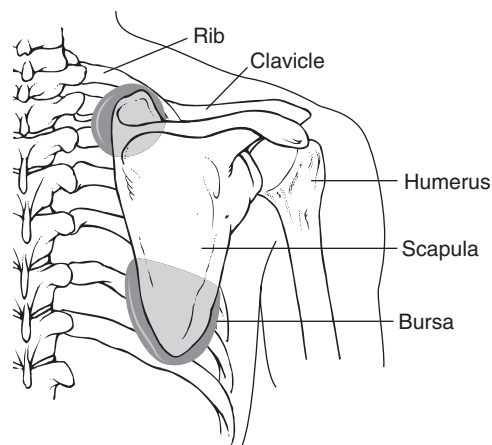


Figure 1

- Cortisone injections reduce inflammation. However, these are done only in extreme cases; there is a limit to the number of times cortisone may be given because it weakens muscle and tendon tissue. Anesthetics temporarily relieve pain.

#### ■ ■ ■ Heat and Cold

- Cold is used to relieve pain and reduce inflammation for acute and chronic cases. Cold should be applied for 10 to 15 minutes every 2 to 3 hours for inflammation and pain and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage.

- Heat may be used before performing stretching and strengthening activities prescribed by your physician, physical therapist, or athletic trainer. Use a heat pack or a warm soak.

#### ■ ■ ■ Notify Our Office If

- Symptoms get worse or do not improve in 2 weeks despite treatment
- New, unexplained symptoms develop (drugs used in treatment may produce side effects)

Notes:

(Up to 4400 characters only)

Notes and suggestions