CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Scapular Dyskinesis

What you're feeling

Scapular dyskinesis means your shoulder blade sits or moves differently from normal as you lift and lower your arm. It is a sign that something in the shoulder is not working smoothly, rather than a diagnosis in itself. You might notice the inner edge of your shoulder blade poking out, or your shoulder hitching or shrugging as you raise your arm. Some people have no symptoms at all, including athletes who use their arms overhead.

The pain usually sits around the top of the shoulder and the side of the neck, where the trapezius muscle sits. It often flares after activity, especially anything overhead such as reaching for a high shelf, hanging washing, or throwing. Lifting your arm away from your body can be uncomfortable, and the ache can linger afterwards or wake you at night if you roll onto that shoulder. Everyday tasks that need steady overhead reach, like washing your hair or getting a jumper over your head, can become awkward.

Scapular dyskinesis is often found alongside other shoulder problems, such as impingement (where the tendons at the top of the shoulder are pinched), rotator cuff tears, instability, AC joint injuries and collarbone fractures. Whether the shoulder blade problem causes the pain or is a response to it is often unclear. What you feel day to day is usually a mix of both: an achy shoulder that tires quickly, and a shoulder blade that seems to work overtime to make up for it.

If your symptoms are not settling, are getting worse over weeks, wake you at night, or stop you working or using your arm, see your GP or ask for a specialist review. If pain spreads down your arm with numbness, tingling or weakness, see your doctor as well, as that pattern points to the neck or a nerve rather than the shoulder blade itself.

What's actually happening

Your shoulder blade is not fixed to your ribs. It glides over the chest wall on thin, slippery tissue, a bit like a drawer sliding on smooth runners. It is held in place and moved entirely by muscles, with no bony strap holding it down. That design lets the blade slide and turn freely as your arm moves.

When you lift your arm, most of the movement happens at the ball-and-socket joint, but about a third comes from the shoulder blade turning and tilting on the chest. The blade has to rotate upward and tilt backward as you raise your arm. This clears space under a bony shelf at the top of the shoulder so the tendons can glide

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without being squeezed. If the blade does not move well, that shelf does not lift out of the way, and the tendons underneath can get compressed or pinched.

The muscles that steer the blade sit around it on all sides, in layers. When one part of the shoulder is injured or painful, those muscles often change how they work. The blade may sit lower, ride up, or fail to rotate as it should. Sometimes this changed movement is part of what is causing the trouble. Sometimes it is the shoulder's way of protecting an injury, the same way you limp to spare a sore ankle. Often it is hard to tell which came first.

This is why the changed movement is treated as a sign rather than a condition of its own. It usually settles as the underlying shoulder problem is treated, and as the muscles around the blade regain their strength and timing through physiotherapy.

What we can do about it

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. For most people that means physiotherapy, and the programme is set by your physiotherapist. The exercises focus on control and strength of the muscles around your shoulder blade, stretching the tight muscles at the front of your chest, and your posture. Exercise helps pain and function in shoulder problems like impingement. Because every shoulder is different, your physiotherapist examines you and sets goals and exercises for your specific needs.

Treatment is aimed at the shoulder problem found alongside the changed shoulder blade movement, not at the blade alone. As that problem settles and the muscles around the blade regain their strength and timing, the blade usually moves better too. If your symptoms persist despite physiotherapy, we reassess you. Depending on your symptoms and examination, that may include an ultrasound or MRI to check a repair, nerve tests, or looking at the neck. Surgery, when it is needed, is aimed at the underlying shoulder problem rather than the shoulder blade itself.

What to expect

For most people, the changed shoulder blade movement settles as the underlying shoulder problem is treated. It is a sign, not a condition of its own, so its outlook follows the outlook of the shoulder problem found alongside it. As your pain eases and the muscles around your shoulder blade regain their strength and timing through physiotherapy, the blade usually moves better too.

Recovery is often slower than you might expect. After shoulder surgery, including rotator cuff repair, the shoulder blade often moves abnormally before and after the operation. It usually improves over months as the shoulder recovers, but it may not be fully back to normal by a year. Six months of rehabilitation after a rotator cuff repair is not enough to fully eliminate the changed movement. People whose shoulder blade movement stays abnormal tend to do a little less well than those whose movement recovers, so your physiotherapist will keep working on it as part of your overall programme.

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If it is left alone, the picture is less clear. The changed movement may increase the trouble in an already injured shoulder, and it often contributes to pain that will not settle. On the other hand, it is also common in people with no symptoms at all, and it may simply be the shoulder's way of protecting an injury. Whether it causes the problem or is a response to it is often unclear, so no one can promise you exactly how your shoulder will behave.

What recovery realistically feels like is gradual. Over weeks to months, you would expect the ache around the top of the shoulder and side of the neck to ease, overhead tasks to feel less awkward, and the hitching or shrugging as you lift your arm to smooth out. Some days will be better than others. If your symptoms persist despite physiotherapy, we reassess you and look again at the underlying shoulder problem.

When to see someone

See your GP or ask for a specialist review if your symptoms are not settling, are getting worse over weeks, wake you at night, or stop you working or using your arm. Ask sooner if the inner edge of your shoulder blade is poking out, or your shoulder hitches or shrugs every time you lift your arm. Pain that spreads down your arm with numbness, tingling or weakness points to the neck or a nerve rather than the shoulder blade, so see your doctor about that pattern too. If you have already had shoulder surgery and the changed movement or the ache across the top of the shoulder and side of the neck is not easing as your shoulder recovers, mention it to your physiotherapist and your surgeon.

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