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Pseudo Frozen Shoulder “Subscapularis Spasm” Treatment Sheet

Pathology:	The Subscapularis muscle becomes short and tight due to overuse or from a disuse of the glenohumeral joint..
History:	The patient will have a history of subscapularis overuse, from virtually any activity that requires repetitive internal rotation of the glenohumeral joint. Injury may have also resulted from an eccentric overload, as when suddenly grasping an object to prevent losing one’s balance.
Assessment:	Limited glenohumeral <u>abduction</u> and limited <u>external rotation</u> will be present. Pain may be present during resisted internal rotation of the humerus. Pain may be present during passive external rotation stretching of the humerus. The muscle is tender to palpation and numerous TrPs may be present. Eliminating the spasm and trigger points will usually quickly restore ROM.
Bolstering/ Patient comfort:	The patient may be treated in several positions, including side-lying. Ensure that all muscles are relaxed during treatment.
Heat/Cold Therapy:	Ice is rarely needed, as this is not an inflammatory condition, however it may be used over the greater tubercle to reduce sensitivity and to allow transverse friction massage, if a tendonitis component is present. Heat may be used over the shoulder area and also in the axilla (if not contraindicated).
General Massage:	Massage of all surrounding muscles is appropriate.
Specific Massage:	Palpate and treat the subscapularis muscle and eliminate trigger points. Thumb stripping or effleurage directly to the muscle in the axillary area.
Evaluate / Treat TrPs:	same as above
Stretching Exercises/ Range of Motion:	Passive: The elbow is bent 90 degrees and the shoulder is externally rotated. Active: Full humeral abduction followed by external rotation to maximally stretch this muscle (superman stretch)
Strengthening:	Isometric contractions at first, followed by more active strengthening if the patient permits. The muscle is strengthened by adding resistance to internal rotation of the shoulder. Note: An important function of the subscapularis is to stabilize the humeral head during abduction. It requires both eccentric strength and flexibility to accomplish this. Rotator cuff strengthening, performing a push-up on an unstable surface (basketball) is an advanced method of rehabilitation.
Patient Education:	
Ergonomic factors:	Avoid prolonged immobilization of the glenohumeral joint and encourage daily ROM exercises.
Medical Referral	It is appropriate to co-treat the patient with another medical professional and/or receive medical approval. Other more serious conditions may be overlooked.