

SNAPPING SCAPULA SYNDROME

DESCRIPTION

Snapping of the shoulder blade (scapula) that can be heard by the athlete, and often others, that 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 affects shoulder function. The snapping is caused by grating or rubbing of the scapula against the chest wall, 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).

FREQUENT SIGNS AND SYMPTOMS

- Snapping, grating and/or popping of the shoulder and/or scapula, often without discomfort. This is felt on the back or chest wall. Sometimes the scapula will feel like it is jumping out of place.
- A bump may be felt on the scapula
- The affected scapula may be more prominent and even hurt to sit on a chair with a high back.

CAUSES

Bony alterations of the scapula, soft tissue growths (normal variants or benign or malignant tumors), muscle atrophy causing 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/flexibility)
- Inadequate warm-up prior to practice or play
- Muscular imbalance and/or atrophy of the muscles of the scapula.
- Previous fracture of the scapula or ribs.

EXPECTED OUTCOME

Usually curable with time and appropriate treatment.

POSSIBLE COMPLICATIONS

- Healing time will be prolonged 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 return to activity is too soon, with overuse, direct blow, or poor technique.

GENERAL TREATMENT CONSIDERATIONS

Initial treatment consists of medication and ice to relieve the pain, stretching and strengthening exercises and modifying the activity which initially caused the problem to occur. These all can be carried out at home, though 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 and usually only considered after at least 6 months of conservative treatment.

MEDICATION

- Non-steroidal anti-inflammatory medications, such as aspirin and ibuprofen (do not take if surgery planned in 7 days or less), or other minor pain relievers, such as acetaminophen, are often recommended. Take these as directed by your physician. Contact him/her immediately if any bleeding, stomach upset or an allergic reaction occurs.
- Pain relievers are usually not prescribed for this condition. If your physician prescribed narcotic pain medications, use only as directed.
- Cortisone injections reduce inflammation, and anesthetics temporarily relieve pain. However, this is done only in extreme cases as there is a limit to the number of times cortisone may be given due to the fact it weakens muscle and tendon tissue.

HEAT AND COLD:

- Cold is used to relieve pain and reduce inflammation for acute and chronic cases. Cold should be applied for 10 - 15 minutes every 2-3 hours for inflammation and pain, and immediately after any activity which aggravates your symptoms. Use ice packs or an ice massage.
- Heat may be used prior to performing stretching and strengthening activities prescribed by your physician, physical therapist or athletic trainer. Use 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.