

Functional approach and treatment of impingement syndrome

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Impingement syndrome is the friction between the acromion and the rotator cuff when abducting the shoulder. Repeated friction can cause pain to inflammation of the bursa or tendon, and muscle rupture. The concept of this content began to be established in 1972 when Dr. Neer Charles S. contributed to "Anterior acromioplasty for the chronic impingement syndrome in the shoulder" in JBJS (The Journal of Bone and Joint Surgery). The Neer Test is commonly used in orthopedic examinations to test for subacromial impingement. And he presented an Acromioplasty as the treatment. And it involves shaving of the undersurface of the acromion.

Over 40 years have passed since then; research of Impingement syndrome has been developed. The steps were divided (stage1, stage2, stage3 or mal-adaptive, adaptive) and the treatment methods corresponding to each step were diversified. And still Acromioplasty has been proceeding as a treatment for Impingement syndrome. However, even after surgery, rotator cuff damage is not prevented and pain persists.

In the same journal that Dr. Neer's article appeared in, it was entitled "Published Evidence Relevant to the Diagnosis of Impingement Syndrome of the Shoulder" in 2011. This

paper told that there is no evidence that Acromioplasty is superior to other non-surgical treatments. And they have a negative view about dividing the coracoacrominal arch.

Usually impingement syndrome is known as a structural problem caused by the narrowing gap between the coracoacrominal arch and the humeral head. In this workshop, I will discuss the anatomical features of the shoulder girdle, the arthrokinematics of the glenohumeral joint, the scapulohumeral rhythm, and look for patho-biomechanism. And I suggest various treatment modalities to help the Impingement syndrome, according to Dr. Cho's concept. This is a non-surgical treatment and focuses on biomechanically functional recovery and stabilization of the glenohumeral joint. I will also demonstrate the Modified Hawkins test for more accurate diagnosis of Impingement syndrome.

1. Glenohumeral joint repositioning
2. Recovery of coordination movement about glenohumeral joint
3. Anterior translation oscillation to GIRD (Glenohumeral internal rotation deficit)

Biography

Seo jin woo has completed his PhD at the age of 31 years from Dongguk University and postdoctoral studies from Korea Pain Diagnosis Society, Madi Joint & Spine Pain Center, Korea. He is the doctor who treats the patient and currently working in the madiem medical center. He has participated WCPT-AWP & PTAP CONGRESS 2017 in Bangkok – Thailand.

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