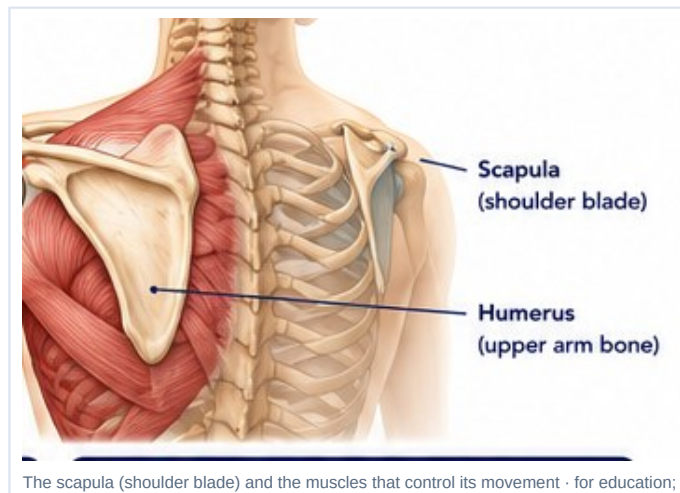


SHOULDER CONDITION

Scapular Dyskinesis

Shoulder Blade Motion Dysfunction — Patient Condition Guide



OVERVIEW

The shoulder blade (scapula) is the platform the entire shoulder works from. Scapular dyskinesis means the blade is not moving or positioned normally — from muscle weakness, tightness, fatigue, or as a response to another shoulder problem. It is extremely common in overhead athletes and often contributes to impingement, instability, and rotator cuff overload.

SYMPTOMS

- Aching around the shoulder blade and upper back with activity
- A 'winging' or prominent shoulder blade
- Loss of throwing velocity or overhead endurance
- Clicking or snapping around the blade

DIAGNOSIS

Diagnosis is made by watching the shoulder blades move — often revealing asymmetry, early elevation, or winging — and identifying the underlying drivers: posterior shoulder tightness, weak scapular stabilizers, or an irritated joint. Imaging mainly serves to exclude other causes.

TREATMENT OPTIONS

Treatment is rehabilitation: a progressive scapular control program that restores flexibility (especially the posterior capsule and pec minor), then rebuilds strength and endurance of the serratus anterior and trapezius, then reintegrates the whole kinetic chain for sport. Dr. Pettit's team — including athletic-training expertise — tailors this to the athlete's sport and season. Surgery is reserved for the rare structural causes.

RECOVERY OUTLOOK

Most athletes normalize mechanics and symptoms over 8–12 weeks of dedicated rehab, with durable results when the maintenance program continues through the season.



SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/scapular-dyskinesis.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.

© 2026 ROBERT PETTIT, MD · BEACON ORTHOPAEDICS & SPORTS MEDICINE · SHOULDER CONDITION

HOME EXERCISE PROGRAM

Scapular Dyskinesis: Exercises & Strengthening

Retrain the shoulder blade first — position, then strength, then endurance. Quality of movement matters more than resistance.

Stop and call the office at (513) 354-3700 if any exercise causes sharp pain, swelling, numbness, or symptoms that worsen into the next day. This general program does not replace an individualized plan from Dr. Pettit or your physical therapist.



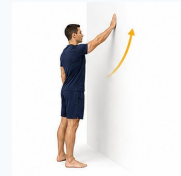
3

Lie c
unop
assis
towe
as fa

Scapular Squeezes

10-second holds × 10, 3 times daily

Sit or stand tall and squeeze the shoulder blades together and slightly down, as if pinching a pencil between them. Do not shrug.



Wall Slides

2 sets of 10, daily

Forearms on the wall, slide the arms upward as high as comfortable while keeping the shoulder blades down and back.



Wall Push-Plus

2 sets of 12, every other day

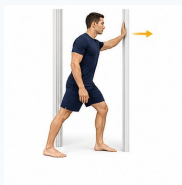
Push-up position against the wall: at the top, push the shoulder blades apart, reaching the wall away from you.



Band Rows

3 sets of 10–15, every other day

Pull the band toward your waist, squeezing the shoulder blades together, then release slowly with control.



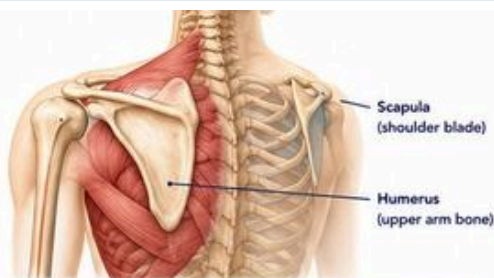
Doorway Chest Stretch

3 × 30-second holds, daily

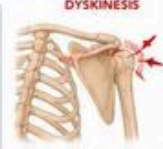
Forearms on a door frame, step gently forward until a stretch is felt across the chest and front of the shoulders.

SCAPULAR DYSKINESIS (ABNORMAL SHOULDER BLADE MOVEMENT)

Scapular dyskinesis occurs when the shoulder blade (scapula) does not move normally. This can lead to pain, weakness, and decreased shoulder function. It is often caused by muscle imbalance, poor posture, or repetitive overhead activities. Restoring proper scapular movement is key to relieving symptoms and preventing shoulder injuries.



WHAT IS IT?	COMMON CAUSES	COMMON SYMPTOMS
The scapula should move smoothly and in control as you lift your arm.   Normal Scapular Movement Scapula rotates upward and stays flush against the rib cage. Scapular Dyskinesis Scapula winging, tipping, or moving unevenly.	- Muscle imbalance or weakness (e.g., serratus anterior, lower trapezius) - Poor posture or slouched shoulders - Repetitive overhead activities (sports, work) - Fatigue or deconditioning - Injury to the shoulder, neck, or surrounding muscles	- Pain around the shoulder blade or deep in the shoulder - Clicking, popping, or grinding with shoulder movement - Weakness or fatigue with overhead activities - Decreased range of motion or shoulder endurance. - Visible winging or prominence of the shoulder blade - Pain that worsens with activity and improves with rest

DIAGNOSIS	HOW IT AFFECTS YOUR SHOULDER	WHO IS AT RISK?
Your doctor will perform a physical exam and evaluate your movement. Imaging may be ordered to rule out other causes.    Physical Exam Checks posture, range of motion, and strength. X-RAY Rules out bone abnormalities. MRI (if needed) Evaluates soft tissues if other pathology is suspected.	When the scapula does not move properly, it can alter shoulder mechanics, leading to impingement, rotator cuff strain, and instability.   NORMAL MOVEMENT The scapula rotates upward and tilts posteriorly, providing a stable base for arm movement. DYSKINESIS Poor movement or control reduces space for the rotator cuff and increases stress on the shoulder structures.	- Overhead athletes (baseball, volleyball, tennis, swimmers) - Individuals with poor posture or rounded shoulders - Desk workers or those with prolonged sitting - People with previous shoulder or neck injuries - Those with weak core or scapular stabilizer muscles

TREATMENT APPROACH		
1. NON-SURGICAL TREATMENT (FIRST LINE) - Activity modification - Physical therapy - Posture correction - Strengthening and stretching - Anti-inflammatory medications (if needed) Focus is on correcting muscle imbalances and restoring normal scapular movement.	2. INJECTIONS (IF NEEDED) - Corticosteroid injections may reduce pain and inflammation. - PRP (platelet-rich plasma) may be considered in chronic cases. Injects can help reduce pain and allow better participation in therapy.	3. SURGICAL TREATMENT (RARELY NEEDED) Surgery is considered only if conservative treatment fails after 6–12 months and there is a structural abnormality or nerve injury. Procedures may include muscle/tendon transfer or decompression.

EXERCISES THAT CAN HELP				
Perform 3–5 times per week. Stop if pain increases.				
SERRATUS PUNCH Lie on your back, press dumbbells upward, protracting your shoulder blades. 	WALL SLIDE Slide arms up the wall while keeping shoulder blades down and back. 	PRONE Y Lie face down, raise arms in a "Y" position, squeezing shoulder blades together. 	LOW ROW Use a band or cable, squeezing shoulder blades together as you row. 	SCAPULAR CLOCK Move your shoulder blade in all directions (up, down, in, out) like the hands of a clock. 

PREVENTION TIPS	WHEN TO SEE A DOCTOR	QR CODE
- Maintain good posture - Strengthen scapular stabilizers - Avoid repetitive overhead strain - Take breaks during prolonged sitting or overhead activity - Warm up before exercise or sports	- Pain lasts more than a few weeks - Weakness or loss of function - Pain interferes with daily activities or sports - No improvement with rest and home exercises	 Scan for exercise videos and more information about scapular dyskinesis.

This information is for educational purposes only and is not a substitute for professional medical advice. Please consult your orthopedic surgeon for a diagnosis and personalized treatment plan.