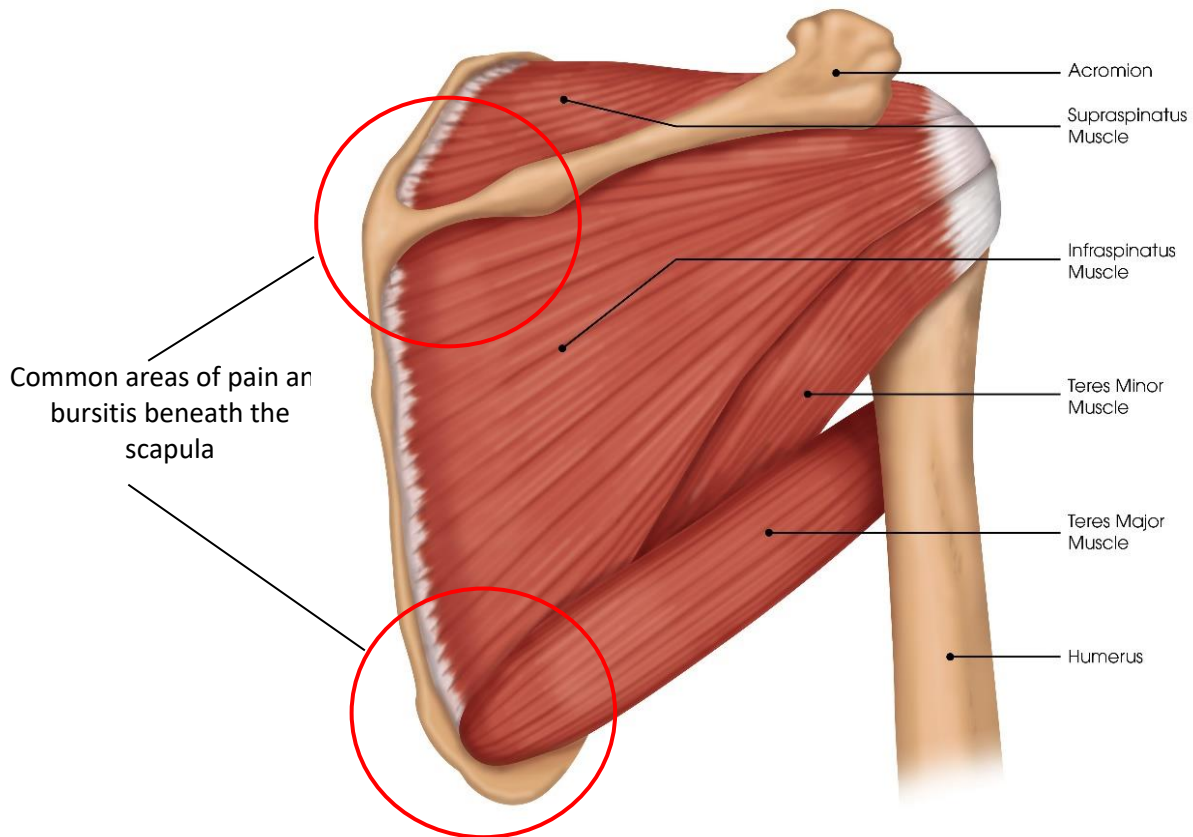


STEVEN CHUDIK MD
SHOULDER, KNEE & SPORTS MEDICINE

Snapping Scapula

Snapping scapula is characterized by a “snapping” of the shoulder blade (scapula) that can often be heard or felt by the patient when rolling the shoulder. This condition typically results from abnormal movement of the scapula. The snapping may be painful and affect shoulder function, or there may be little or no pain with normal function. The snapping is caused by the inflamed and swollen bursal tissue catching between the scapula and the chest wall ribs. The bursal tissue which resides between the scapula and chest wall serves to protect structures as they glide back and forth against each other. The bursa may become inflamed as the scapula moves back and forth, resulting in bursitis and producing the “snapping” sensation.



Posterior view of the right shoulder



STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

Frequent Signs and Symptoms

- Snapping, grating, or popping of the shoulder or scapula, felt on the back or chest wall
- Feeling that the scapula is “jumping” out of place
- Pain from the scapula
- Affected scapula may be more prominent

Etiology (Causes)

This condition may be caused by prominent bony alterations of the scapula or soft tissue growths. Muscle atrophy and poor scapular mechanics are the most common cause for the shoulder blade to move abnormally and rub against the chest wall, aggravating the bursa. This may be accentuated by activities involving repetitive motion which cause inflammation, thickening and scarring of the bursa. Potentially, direct injury may result in bursal inflammation. There also is a benign soft-tissue growth called an elastofibroma that can form under the scapula and cause symptoms.

Risk Factors

- Repetitive overhead activities, such as swimming or throwing
- Poor physical conditioning (strength and flexibility)
- Inadequate warm-up before practice or play
- Muscular imbalance or atrophy of the muscles of the scapula
- Previous fracture of the scapula or ribs
- Compensation for other shoulder injury
- Prolonged shoulder inactivity or sling immobilization results in primary scapular dyskinesia (abnormal movement) and subsequent bursitis

Prevention

- Appropriately warm up and stretch before practice or competition
- Allow time for adequate rest and recovery between practices and competition
- Maintain appropriate conditioning:
 - Scapular muscle strength
 - Endurance and flexibility
 - Cardiovascular fitness



STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

Outcomes

Outcomes are generally good with time and appropriate treatment. Most patients improve with conservative measures, including rest and physical therapy to restore proper scapular mechanics. In some cases, injections or surgery may be necessary.

Potential Complications

- Prolonged recovery time 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 activity is resumed too soon, with overuse, with a direct blow, or when using poor technique

Treatment Considerations

Initial treatment consists of stretching/strengthening exercises and avoidance of the activity that initially caused the problem. Referral to a physical therapist or athletic trainer for treatment is often necessary. An injection of cortisone into the inflamed scapular bursa may be recommended. Surgery to remove the bursa or bony prominence or soft tissue mass may be recommended, but this is usually only considered after failure of conservative treatment.



Prominent bony edge of the scapula



Partial arthroscopic scapulectomy to remove bony prominence



STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

Possible Medications

- Nonsteroidal anti-inflammatory medications, such as aspirin and ibuprofen (**DO NOT** take within seven days before surgery), or other minor pain relievers, such as acetaminophen, are often recommended. Take these as directed by your physician. Contact your physician immediately if any bleeding, stomach upset, or signs of an allergic reaction occur.
- Pain relievers are usually not prescribed for this condition
- Cortisone injections to reduce inflammation can be helpful in certain cases but should be used with proper discretion.

Modalities (Heat and Cold)

- Cold is used to relieve pain and reduce inflammation. Cold should be applied for 15 to 20 minutes every two to three hours for inflammation and pain and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage with a cloth between the ice and your skin to prevent burning /freezing your skin.
- Heat may be used before performing stretching and strengthening activities prescribed by your physician, physical therapist, or athletic trainer. Use a heat pack or a warm soak.

Notify My Office If Symptoms Worsen



Orthopaedic Surgery & Sports Medicine
Teaching & Research Foundation
otrfund.org

630-324-0402 • contactus@chudikmd.com
stevenchudikmd.com

© 2023 Steven Chudik MD Shoulder, Knee & Sports Medicine. All rights reserved.



Schedule online now