SHOULDERING THE LOAD:

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Judo is a sport that puts a lot of stress on one’s body. This stress can be greater in specific areas. The shoulder is just such an area. It is a freely moving joint and has greater range of motion than any other joint in the body. This predisposes the shoulder to instability. Instability in the shoulder is when the head of the humerus (ball of the upper arm bone) is forced out of the socket (glenoid) which is on the scapula (shoulder blade). If this happens repeatedly, it is termed chronic instability.

Shoulder instability can occur in one of three ways; dislocations, subluxations or can be from naturally being loose. Dislocations generally happen from trauma to the shoulder. A dislocation is when the humeral head comes all the way out of the glenoid. This can occur to a judoka when thrown or even when attempting to make a throw. Subluxations can occur in the same way. A subluxation is when the humeral head comes only partially out of the glenoid. With dislocations and subluxations, the ligaments in the shoulder are often injured. The ligaments may be stretched or torn leading to instability.

Repetitive stress placed on the shoulder can also lead to instability. This continued stress leads to stretching of the ligaments, allowing the shoulder to become unstable. It is easy to see how this can occur in Judo from the repeated drills and competition. A small number of athletes have naturally loose ligaments. This occurs in every joint of their body but can be particularly noticeable in their shoulders. This is commonly referred to as being “double jointed.” These individuals have multidirectional instability in their shoulders. Multidirectional instability means that the shoulder moves more freely in all directions as opposed to a singular direction.

Common symptoms of shoulder instability include:

- Pain
- Repeated dislocations or subluxations
- Feeling that the shoulder frequently gives out
- A constant feeling of the shoulder being loose or just hanging there

If you feel you have these symptoms, you should have your shoulder evaluated by a physician, physical therapist or athletic trainer. Often these instabilities can be treated nonsurgically. This includes modifying activity (form and technique), non-steroidal anti-inflammatory medication and physical therapy. If nonsurgical treatment fails or the injury is severe, surgical treatment may be an option. This will be determined by your physician. Your physician will develop a treatment plan best suited to your individual needs. Physical therapy plays a significant role in preventing recurrent instability. Physical therapy uses exercises to strengthen the shoulder musculature to keep the humeral head in place. These exercises place an emphasis on strengthening the muscles of the rotator cuff.

Whatever treatment is needed, follow the plan closely. It may be a slow process, but following the treatment plan will insure that you will return to activity as soon as possible with the best possible results.

For more information, contact Falcon Physical Therapy via email falconphysicaltherapy@netzero.com or visit our website at www.falconpt.com.