

DAY 1:

9-10.30h: ROTATOR CUFF TENDINOPATHY:

“Load is more important than the modality of load”

Basic clinical examination, impingement-algorithm, reactive versus degenerative tendinopathy, staged approach based on tissue irritability and more

10.30-11h: Break

11-12.30h: BICEPS RELATED PATHOLOGY

“Don’t irritate the biceps beyond its capacity: Progressive loading exercises”

Specific tests for biceps pathology and SLAP lesions, exercise prescription with progressive load on the biceps and scientific rationale for exercise choice

12.30-13.30h: break

13.30-15h: ROTATOR CUFF TEAR

“Focus on function rather than structure”

Scientific background for conservative treatment, progressive exercise program for the older patient with a RC tear and mobilization techniques

15-15.30: break

15.30-17h: ANTERIOR INSTABILITY IN THE OVERHEAD ATHLETE

“Listen to the relocation test: Work on more dorsal positioning of the humeral head”

Objective measurements and clinical examination tests for the overhead athlete’s shoulder, internal impingement, suprascapular nerve pathology, GIRD, stretching of the posterior shoulder, mobilization with movement (Mulligan), progressive exercises for the throwing shoulder, eccentric training of the external rotators, plyometric exercises, implementation of the kinetic chain in sport-specific exercises, scientific rationale for exercise selection, taping of the glenohumeral joint

DAY 2:

9-10.30: MULTIDIRECTIONAL INSTABILITY

“Let the patient feel safe during exercises: Correct muscle recruitment and use progressive closed chain exercises”

Specific tests for shoulder instability, demonstration of patients (video material), Ehler Danlos Syndrome, exercises for local neuromuscular control, closed chain exercises in progression (algorithm + practice), adaptation of open chain exercises for the MDI patient, taping of the glenohumeral joint and scapula,

10.30-11h: break

11-12.30: SCAPULAR DYSFUNCTION IN THE OVERHEAD ATHLETE – TYPE I

“elevate with external rotation component”

Specific clinical examination tests and objective measurements for scapular dysfunction, malposition and strength deficits, clinical reasoning algorithm for scapular rehabilitation, stretching pectoralis minor, progressive exercises for type I dyskinesis (neuromuscular control and strength), scapular taping

12.30-13.30h: break

13.30-15h: SCAPULAR WINGING – TYPE II

“work in a horizontal plane @90° elevation

Specific clinical examination tests for type II scapular dyskinesis, exercise program for type II dyskinesis, scientific rationale for exercise selection

15.15.30h: break

15.30-17h: SCAPULAR DYSFUNCTION BASED ON NERVE PATHOLOGY- TYPE III

“exercise in higher elevation angles”

Nerve pathology (n. accessorius, n. thoracicus longus) resulting in scapular dysfunction, low load exercise progression for neurologic dysfunction, scientific rationale for exercise selection