**Ann Cool Shoulder Rehabilitation Level II**

**DAY 1**: EXAMINATION AND REHABILITATION OF SCAPULAR DYSKINESIS

ADVANCED BIOMECHANICS OF THE SCAPULA:  
Coupled movements, the role of the SC joint, function of the “postural” muscles versus the “dynamic movers and stabilizers”, update literature of scapular dyskinesis in relation to shoulder pathology

ADVANCED CLINICAL EXAMINATION  
Observation of scapular dysfunction, objective measurements of scapular inclination and strength, normative data for scapular flexibility and strength variables, decision making based on the “symptom improvement test-model”,  and on the different types of scapular dyskinesis

ADVANCED SCAPULAR REHABILITATION

Treatment skills based on the 3 types of scapular dyskinesis, taping techniques to correct scapular position, taping for hypertone upper trapezius, infraspinatus, stretching and soft tissue techniques for pect minor

**DAY 2**: CAPITA SELECTA: ADVANCED INSIGHTS AND PRACTICAL SKILLS IN SELECTED SHOULDER PATHOLOGIES (1/2 day sportspecific, 1/2 day non-sportspecific)

SLAP LESIONS AND BICEPS RELATED PATHOLOGY

Science based rehabilitation protocol and guidelines for postoperative rehabilitation (exercise progression, excentric training, plyometric drills)

HIGH PERFORMANCE TRAINING IN THE OVERHEAD ATHLETE AND RETURN-TO-SPORT DECISIONS  
Specific high level exercises for gymnasts, collision sports, high impact sports, and science based return to play criteria, including objective measurements of glenohumeral ROM and strength

MULTIDIRECTIONAL INSTABILITY

Progressive conservative treatment of the patient with atraumatic  (unvoluntary and voluntary) multidirectional instability – closed and open chain exercise approach, taping techniques

ROTATOR CUFF TEARS

Conservative management of partial and full thickness (irreparable) rotator cuff tears and guidelines for postoperative rehabilitation (exercises, taping, return to activity advices