WELCOME TO

Shoulder stability

WOW factor
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Shoulder stability should be achievable for all!

Refer to pre-study guide:

What anatomy should be our main focus be for shoulder stability?

Serratus Anterior

The mental block:

The serratus anterior is a ‘mind’ muscle and through great cueing, you will be able to get this muscle to work for your clients and for yourself.

It is all about taking the time to focus on the movement and keep the resistance down completely.

Do not make it an exercise, make it FREE MOVEMENT!

The movement that we have created is tense, restricted and too controlled and this has led to more tension within our shoulder joints.

We have stored tense stability and have lost free stability!

Get to know your serratus anterior in all the movements.

What should the serratus anterior do and what should it look like?

- Glide on the rib cage EFFORTLESSLY.
- Scoop under the arm in flexion and abduction whether you are prone, supine or standing.
- It should assist the blade in working independently without the lock that it usually creates during movement.

But now make notes on what it should look and feel like:

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**Effective cueing throughout the course:**

**EMG tests show how readings improve with stability**

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<thead>
<tr>
<th>MUSCULAR COMPARITIVE TABLE</th>
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<tbody>
<tr>
<td>Serratus Anterior</td>
<td>Upper traps</td>
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<tr>
<td><strong>Common comparison of movements using these muscles</strong></td>
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<td>62.3uV</td>
<td>155uV</td>
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<tr>
<td>84.4uV</td>
<td>52.9uV</td>
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<table>
<thead>
<tr>
<th>Serratus Anterior</th>
<th>Pectoralis Major</th>
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<tr>
<td><strong>Common comparison of movements using these muscles</strong></td>
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<td>28.6uV</td>
<td>54.5uV</td>
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<td><strong>Applying Kinetic Precision technique – results improved to readings below</strong></td>
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<tr>
<td>29.7uV</td>
<td>12.8uV</td>
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<tr>
<td>30.2uV</td>
<td>35.2uV</td>
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<tr>
<td>52.3uV</td>
<td>107uV (push up)</td>
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<tr>
<td>43.7uV</td>
<td>54.2uV</td>
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<tr>
<td>58.9uV</td>
<td>32.1uV</td>
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**The importance of shoulder stability!**

1. The **influence on the cervical spine**; muscles attach from scapula to the neck and this affects neck stability and positioning.

2. The **influence on the thoracic spine**; muscles attach from the scapula to the spine and the force of gravity on unstable shoulders will affect the spinal position.

3. The **brace triangle** forms the base for all stable shoulder movement; this comprises of the cervical spine, the shoulders and the thoracic spine.
Optimal scapula positioning relies on:

1. Effective thoracic mobility to create the optimal brace triangle
2. Effective shoulder mobility and free movement to create an optimal brace triangle

The art of shoulder disassociation:
This means that the **shoulder is free within the gleno-humeral joint** and the movement is performed without any unnecessary tension or stress. This allows the **scapula to glide freely** on the **lateral border of the rib cage**.

Linking the mind, personality and the body is the most challenging in shoulder disassociation. Once you are able to achieve free movement and low load shoulder disassociation, only then can you start exercising the muscles of the shoulder.

Let’s get practical

Follow these easy steps: Remember your cueing.

1. Free movement

2. Thoracic mobilization

3. Neck retraction
4. **Manual assist in all movements**

If we are able to follow these easy steps and incorporate patience, time and effort into the program, then the client will see results.

The best tip for them and you would be to look at the ‘Shoulder home program course’ because this course will give you the best home program to assist them in achieving all of the above.

**References**


The art of shoulder stability


The importance of shoulder stability and what is missing in the current programs


Testing Stability and instability with use of the EMG


Free movement for shoulder stability


Tanya Thompson’s shoulder stability video that went viral on social media in February 2017


A deeper look into shoulder stability and injury


The improvement in activation with correct cueing and compensation corrections


Scapula compensation versus stability


Anatomy in 3D