

# Swimmer's Shoulder

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Swimming is probably one of the best forms of exercise for health maintenance, conditioning and rehabilitation. The competitive swimming athlete, however, may swim 10-20,000 yards per day, many days per week. Eighty percent of the power of swimming is produced by the action of the arm. This translates into a great deal of repetitive stress to the shoulder joint.

Different structures within the shoulder girdle can become overworked or injured. Tendonitis may develop in the supraspinatus tendon and/or in the long head of the biceps, there may be acromioclavicular (AC) joint damage or "impingement" of the shoulder joint may occur. Impingement occurs when the shoulder is raised and/or rotated in front or to the side creating a pinching or rubbing of inflamed tendon(s) or bursa, causing a sharp pain in the shoulder. As the swimmer moves his/her arm through the water, an area of painful movement or a "painful arc" will be felt.

Early treatment of swimmer's shoulder is directed at controlling inflammation. The swimmer should ice the shoulder immediately after workouts. There is a great reduction in shoulder problems when swimmers stretch thoroughly before entering the pool. Stretching increases blood flow, lubricates the joint and loosens the muscles. A change in stroke mechanics, a decrease in the length of a workout or possibly using a different stroke may be necessary. If the condition is bad enough, limiting the athlete's performance, cross training should be used, incorporating running, biking or using a kickboard in the water during workouts. Any case which fails to respond to conservative measures should be evaluated by a sports physician.

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