

**WHAT ARE THE BEST CLINICAL TESTS FOR DETERMINING IF A PATIENT HAS SCAPULAR DYSKINESIS AND IF IT IS CONTRIBUTING TO HIS OR HER SHOULDER PAIN AND DYSFUNCTION?**

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Altered scapular motion and altered position during motion have been termed *scapular dyskinesis*.<sup>1</sup> The definition of dyskinesis is the alteration of normal scapular kinematics. “Dys” (alteration of) “kinesis” (motion) is a general term that reflects loss of normal control of scapular motion. An alternative term that is often used interchangeably is *dyskinesia*. Dyskinesia is usually applied to abnormal active (voluntary) movements mediated by neurologically controlled factors. The scapular rotations (upward/downward rotation, anterior/posterior tilt, and internal/external rotation) are accessory motions, which by definition are involuntary in nature. The scapular translations can be performed voluntarily, but there are times when the scapula translates during arm motion without conscious consideration from the individual person. In addition to these motion distinctions, there are many other factors that can cause the altered scapular position and motion, such as bony injury (clavicle fractures, acromioclavicular joint separations), soft tissue disruption