

BÖLÜM 12

OMUZ SAKATLIKLARI REHABİLİTASYONU

Yıldız Gonca DOĞRU ÇİFTÇİ¹

Giriş

Dünyada milyonlarca insan beyzbol, kriket, cirit atma, tenis, voleybol gibi fırlatma ve benzeri hareketleri içeren sporlara katılmaktadır. Uygun olmayan biyomekanik, bireylerin kapasitesinin üzerindeki stresler veya kümülatif travmalar sonucu muskuloskeletal sistemde yaralanmalar görülmektedir. Spora bağlı görülebilecek yaralanmaların genellikle birçok eklemi içerebileceği klinisyenin aklında olmalıdır. Omuz yaralanmalarını tanımlamak için omuz anatomisi ve biyomekaniklerini anlamak gereklidir.

Omuz Anatomisi ve Biyomekaniği

Omzun en büyük rolü eli fonksiyonel pozisyonda tutmaktır. Omzun karmaşık anatomik yapısı diğer eklemlerden daha fazla hareketlilik sağlamaktadır. Omuz kuşağı üç kemikten (klavikula, skapula ve proksimal humerus) ve dört eklemden (sternoklavikuler (SK), akromiyoklavikuler (AK), glenohumeral (GH) ve skapulotorasik (ST)) oluşur. GH eklem omzun ana eklemidir.

Humerus başı, shaftı ile 130-135° açı yapar ve yaklaşık 20-30° retroversiyon açısı vardır. Humerusun proksimalinde lateral kısımda bulunan tuberkulum majus, omuz konturunun yuvarlaklığını sağlar. Humerus proksimali ön kısmında ise tuberkulum minus bulunur. İki tüberkülün arasında bisipital tendonun geçtiği bisipital oluk bulunur.

¹ Uzm. Dr., Şişli Hamidiye Etfal Eğitim ve Araştırma Hastanesi, Fiziksel Tıp ve Rehabilitasyon Kliniği, dryildizgonca@hotmail.com

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