



BÖLÜM 16

SKAPULAR DİSKİNEZİ

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Sağlıklı omuz fonksiyonu için skapulanın omuz eklemine oluşturan diğer bileşenlerle birlikte koordine şekilde çalışması gerekir. Bu koordinasyonu bozan herhangi bir patolojide skapula kinematiği sıklıkla etkilenir (1). Skapulanın hareketinde ve pozisyonundaki bozukluklar, skapular diskinezi (SD) olarak adlandırılır (2). SD, nörolojik problemler, omuz ve çevresindeki yapılara ait kas, eklem patolojileri gibi birçok farklı durumla beraber gözlenir ve klinikte omuz ağrısı ile kendini gösterir; fakat omuz ağrısı ile SD arasındaki neden-sonuç ilişkisi belirsizdir. SD'nin beraber gözlemlendiği patolojileri kompanse etmek için mi geliştiği veya bu patolojilerin oluşumuna katkıda bulunup bulunmadığı konusu açık değildir (3, 4).

Skapulanın Biyomekaniği

Skapula, posterior toraks üzerinde 2-7. kostalar arasındaki seviyede bulunan, büyük üçgen şekilli bir kemiktir. Akromiyoklaviküler ve sternoklaviküler eklem aracılığı ile aksiyel iskelet ile bağlantı sağlar (5). Aynı zamanda üst ekstremité kinetik zincirinin proksimal kısmını oluşturur. Skapulanın kemik bağlantıları azdır, bu nedenle hareketlilik ve stabilite için kas aktivasyonuna bağımlıdır. Skapulaya bağlanan skapulotorasik kaslar,

üst ekstremité işlevine izin vermek için skapulayı stabilize eden temeli sağlar (6, 7).

Gövde ile kolu birbirine bağlayan skapulanın dört biyomekanik rolü vardır. Bunlar: 1)Skapula, humerus rotasyonunun merkezidir, 2)Skapula, humerusu toraks duvarına bağlayan yapıdır, 3) Skapula, omzun abduksiyon ve fleksiyon hareketi sırasında humerus ile akromiyon arasındaki yapıların sıkışmasını engeller, 4)Skapula, kor bölgesindeki kuvvetlerin kola iletilmesini sağlar (8).

Omuz hareketlerinin uygun şekilde yapılabilmesi için hareketten sorumlu eklem ve kas yapılarının koordinasyonu optimal olmalıdır. Skapula bu optimizasyonu sağlamak için, elevasyon/depresyon, protraksiyon/retraksiyon, yukarı/aşağı rotasyon, iç/dış rotasyon, anterior/posterior tilt hareketlerini gerçekleştirir. Skapuladaki rotasyonel hareketler üç planda gerçekleşirken, translasyonel hareketler iki planda gerçekleşir (1, 9). Yukarı/aşağı rotasyon koronal plan boyunca meydana gelirken, iç/dış rotasyon transvers plan boyunca ortaya çıkar. Anterior/posterior tilt, sagittal düzlem boyunca gerçekleşir (7).

Translasyonel hareketler, skapulanın farklı hareket kombinasyonlarında toraks boyunca kay-

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