Posterior Capsule Tightness

Posterior capsule tightness promotes anterior and superior translation of the humeral head along with a reduced subacromial space and altered shoulder-scapula kinematics--limited flexion, internal rotation, and horizontal adduction (McClure et al., 2007; Wilk, Hooks, & Macrina, 2013). This suboptimal range of motion (ROM) may also promote impingement, labral tears/insult.

The "sleeper stretch" (SS) and cross-body stretch (CBS) are two commonly prescribed stretches (McClure et al., 2007; Wilk et al., 2013).

Burkhart et al. (as cited in Wilk et al., 2013, p. 892) described the SS position as "sidelying...to stabilize the scapula against the table and both the shoulder and elbow flexed to 90°". Wilk et al. (2013) noted that in the traditional SS position, there was increased strain on the posterior capsule with the arm elevated at 60-90° with internal rotation, particularly on the inferior fibers of the infraspinatus at that end-range.

Wilk et al. (2013) proposed a modified SS (MSS) position (athlete in sidelying position with trunk rolled posteriorly 20-30°, shoulder elevated to 90°) that could be more more comfortable as the athlete could avoid lying directly on the shoulder and avoid impingement complaints (Reinold, n.d.a; Reinold, n.d.b.).

References

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