The pain around scapula may be associated with C5, C6, C7, and C8 radiculopathies. However, there is insufficient evidence to make recommendations for the use in clinical practice because they did not evaluate sensitivity and specificity [1].

Evaluation of the static position of the scapula is very important in the pathologies of the shoulder and neck. This is due to the fact that these pathologies are the second and third most common causes of musculoskeletal pain.

The abnormal changes in the position of the scapula at different angles of the shoulder indicate a disturbance of the scapulohumeral rhythm, and these changes adversely affect the functions of the upper extremity.

The ratio of the scapulohumeral rhythm in healthy subjects should be 2:1 (humerus:scapula). In the pathologies limiting the movements of the glenohumeral joint, this rhythm can be reversed, resulting in loss of stability of the scapula1). During the dynamic motion of the arm, the humerus and scapula must move simultaneously for an optimum level of coherence between the humerus and the glenoid. This adaptation is necessary to maintain the relationship between the scapula and the muscles of the humeral head4). The muscle system is the most important structure that supports the passive position and active functional stabilization of the scapula5). The rotator cuff (RC) muscles provide dynamic stabilization of the humeral head in the glenoid fossa during normal functional activity6). Due to the inhibition and weakness of these muscles, the humeral head cranially displaces, impairing the stability of the shoulder. The position of the scapula varies depending on the strength of the muscles. Shoulder pathologies, such as subacromial impingement and glenohumeral instability, can lead to changes in the position of the scapula.

There are numerous studies in the literature concerning scapular asymmetry in patients with unilateral shoulder and neck pathologies.

This asymmetry is assessed in different ways, such as palpation, radiographic measurement methods, and the Lateral Scapular Slide Test (LSST).

The LSST, described by Kibler, is a test used to determine scapular asymmetry, and there are various studies investigating its validity and reliability. There are also studies investigating the scapular asymmetry in patients with subacromial impingement, in athletes and in healthy individuals.

However, there are limited studies in the literature about scapular asymmetry and protraction in patients with different cervical and shoulder pathologies. The aim of this study was to compare cases with different shoulder and cervical pathologies in terms of shoulder protraction and scapular asymmetry [2].

1)
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2)
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