

INTERNATIONAL PHYSIOTHERAPY DAYS
**APPROACH TO THE ARTICULAR
SHOULDER COMPLEX**



18-19 de November 2017

BILBAO

HOTEL GRAN BILBAO 4*

Inscription: 70 euros

LIMITED CAPACITY

Saturday, November 18th

9.00-11.00 Clinical reasoning in the management of shoulder disease

RUBEN TOVAR

11.30-13.30 Anterior traumatic instability, Fractures prosthetic shoulder surgery

LLUIS PUIG

LUNCH

**15.30-17.30 Analysis and approach of the cervico-scapulo-humeral axis in
physiotherapy**

ROMUALDO CASTILLO

17.45-19.45 Non-traumatic shoulder instability: evaluation and rehabilitation

MARCUS BATEMAN

Domingo, Noviembre 19th

9.00-11.00 Evaluation and Management of Shoulder Tendonopathy

CHRIS LITTLEWOOD

11.30-13.30 Return To Play. Considerations on the athlete's shoulder

IAN HORSLEY

PONENTES

RUBEN TOVAR



- Physiotherapist in Exercise free of the profession.
- Specialist in manual therapy and clinical reasoning

LLUIS PUIG



- Coordinator of Physiotherapy of the Hospital of the Esperit Sant
- Professor collaborator of Catalonia (UIC) and (FUB)

ROMUALDO CASTILLO



- Doctor in Physiotherapy. Full Professor at the University of Osuna (subject of Biomechanics)
- Numerous scientific publications at national and international level

MARCUS BATEMAN



- Physiotherapist at Derby Royal Hospital, UK
- Author of the Derby Shoulder Instability Rehabilitation Program.

CHRIS LITTLEWOOD



- Professor at Keele University in the UK
- Multiple publications on "rotator cuff"

IAN HORSLEY



- England Union Rugby Physiotherapist for 14 years.
- Physiotherapist of England in both the Olympic and Commonwealth

PONENCES

RUBEN TOVAR

The shoulder joint complex is a clear example of clinical complexity, where patient presentations, in case of pathology, can overwhelm the physiotherapist. We value a myriad of data: joint ranges, painful arches, tendon and muscle palpation and their responses, local and referenced; Neurodynamic tests, muscle strength tests, secondary tests, mechanical evaluation, intersegmental and proposed relationships, there is also a good collection of orthopedic tests. There are those who talk about anatomical cut clinical syndromes and there are those who talk about treatment based on the response. History of the patient, state of health, postural analysis, state of the tissues, red flags, but also psycho-bio-social conditioners, with yellow, pink, black or blue flags and a long etc. And then the question arises, where is it necessary to approach the patient's case? Clinical reasoning is a first choice procedure when addressing these conditions.

LLUIS PUIG

We will describe the injuries that can cause the previous traumatic instability as well as the approach of conservative and post-surgical treatment of the different types of interventions. We will show the treatment of fractures of humerus both conservatively and surgically. And we will end by describing the post-surgical approach to anatomical prostheses and inverted shoulder prostheses.

ROMUALDO CASTILLO

We will talk about the importance of controlling various structural variables to have a harmony between the neck-arm and back. We will highlight how we should make an exhaustive analysis for the prevention-treatment of these pathologies.

MARCUS BATEMAN:

We will describe the pathology of atraumatic shoulder instability and unstable classification methods discussed. The complex nature of non-traumatic shoulder instability will be related to generalized hypermobility and also to psychosocial influences. Evidence of treatment techniques will be discussed. There will be demonstration of clinical assessment techniques, followed by the Derby Shoulder Instability Rehabilitation Program including tips and tricks for more complex patient presentations.

CHRIS LITTLEWOOD:

Shoulder evaluation usually includes a wide range of special tests and we are increasingly seeing the routine use of diagnostic imaging. Similarly, there is a wide range of interventions that patients with shoulder tendinopathy could receive. This talk defies thinking in relation to shoulder evaluation and management and describes a simple self-managed framework that can be applied to patients with shoulder tendinopathy.

IAN HORSLEY

The presentation will discuss requirements that must be taken into account when returning an athlete back to training after a shoulder injury. The suggestions are based on a consensus meeting of several physiotherapists working in the sport and who have a high level in the shoulder approach. Within the presentation will be presented the regional requirements of the kinetic chain, suitable field-based tests and some suggestions for the rehabilitation of these areas.