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Setting: High school.

Patients or Other Participants: Thirty-six female overhead athletes (age = 15.29 ± 1.18 years, height = 164.16 ± 7.14 cm, mass = 58.24 ± 9.54 kg) with no history of shoulder or elbow surgery participating in high school swimming, volleyball, or tennis.

Intervention(s): Participants were measured for all dependent variables at preseason and postseason.

Main Outcome Measure(s): Participants were measured for glenohumeral IR and ER with the scapula stabilized. Total glenohumeral range of motion was calculated as the sum of IR and ER. Scapular upward rotation was measured at 0°, 60°, 90°, and 120° of glenohumeral abduction in the scapular plane, and scapular protraction was measured at 0°, 45° (hands on hips), and 90° of glenohumeral abduction.

Results: Internal rotation decreased from preseason to postseason (P = .012).

Swimmers had less IR than both volleyball and tennis players (P = .001). External rotation also decreased in the swimmers (P = .001). Overall, preseason to postseason total motion decreased for athletes participating in swimming (P = .001) and tennis (P = .019). For all participants, preseason to postseason scapular protraction at 45° glenohumeral abduction decreased (P = .007).

Conclusions: Female overhead athletes demonstrated decreases in IR after only one competitive season. Clinically, our results indicate that overhead athletes should be monitored for motion changes throughout their competitive seasons.

Keywords: scapular dyskinesis, posterior shoulder capsule

Stephen John Thomas, MEd, ATC; Kathleen A. Swanik, PhD, ATC; Charles Swanik, PhD, ATC; and Kellie C. Huxel, PhD, ATC, contributed to conception and design; acquisition and analysis and interpretation of the data; and drafting, critical revision, and final approval of the manuscript.

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Stephen J. Thomas, Kathleen A. Swanik, Charles B. Swanik, and John D. Kelly IV. (2010) Internal Rotation and Scapular Position Differences: A Comparison of Collegiate and High School Baseball Players. *Journal of Athletic Training* **45**:1, 44-50 Online publication date: 1-Jan-2010. Abstract | Full Text | PDF (442 KB)

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