CHAVEZ (WEIGHT LIFTER'S SHOULDER) SYNDROME

The *Chavez Syndrome* was discovered on a weight lifter, by the name of M. Chavez. This patient had previously experienced several different shoulder pain syndromes involving his left shoulder. They included the *Acromioclavicular (A/C) Joint Syndrome, Posterior Deltoid Origin Syndrome, Bicipital Tendonitis Syndorme*, and shoulder capsulitis. These had appeared singly or in combination, and some even reappearing within the previous year. The reoccurrences became a source of frustration to both the patient and therapist, especially when the patient finally returned complaining of a chronic "soreness" in the left shoulder when "lifting", but none of the aforementioned syndromes could be detected with a DSR survey.

The patient was closely questioned about which lifting exercises seemed to create the shoulder pain. A general DSR survey was conducted with the shoulder in various positions. The survey was fruitless until the patient's left arm was flexed to about 75^0 and the adducted across his body until his left hand was in line with his right shoulder. The arm was supported and held in that position by two bed pillows placed in his lap. In that position, an inflamed zone was detected directly over the position of the infraspinatus muscle, but not including its tendon. The patient was then directed to supinate his left hand and another survey was performed. This survey not only showed the infraspinatus site to be inflamed, but the area around the left a/c joint to be inflamed as well. The patient was treated, as described below, and got immediate relief. The treatment took this form because an assumption was made (based on the possible one year post-onset time frame) that the condition might involve calcium deposits formations, in both areas.

The patient's work out program was subsequently discussed, in an attempt to determine which exercise(s) might be responsible for creating this syndrome. It was determined that a particular exercise was most likely to have caused the problem. The exercise involved the patient leaning forward and lifting a considerable weight by flexing his elbow to approximately 125^0, while the involved shoulder was extended to approximately 75^0. The wrist was kept in the neutral position. This exercise targets the biceps, triceps and deltoid muscles. ***(NAME)***

Subsequently (the same week), two more weight lifters and a cellist came in with shoulder complaints and treatment histories that closely resembled those of Mr. Chavez. DSR surveys were performed and the same inflamed zones were found to be present. The two weight lifters admitted to indulging in the same exercise that had apparently adversely affected Mr. Chavez. The Cellist had been in an automobile accident that had caused her to grip her steering wheel and control the forces inflicted on her, with her elbow and shoulder in much the same position as the aforementioned weight lifting terminal end of range position. All three patients responded well to the treatment technique, with an immediate cessation of the pain.

This syndrome has become so "popular" that a routine DSR survey is conducted to determine the presence of the *Chavez Syndrome* if a patient complains of shoulder pain and has a history of other shoulder pain syndromes.

In summary, patient descriptions of pain associated with the *Chavez Syndrome* is usually limited to complaints of pain near and around the acromioclavicular joint. It is usually described as a dull aching pain, "deep inside the shoulder". Generally, this syndrome only appears unilaterally.

Some questions have arisen as to why this syndrome seems to generate other pain syndromes. This tendency may simply arise out of the fact that the infraspinatus site lies over or near the posterior deltoid origin, which may have an impact on the structural distribution of suprascapular nerve (see *Posterior Deltoid Insertion Syndrome).*

Treatment

The treatment of the *Chavez Syndrome* centers on breaking any adhesions that are present in the inflamed zones and eliminating the inflammation.

Application:

- Preset the ultrasound unit to deliver a 3.3 MHz pulsed waveform, at 2.0 W/cm^2. Ultrasound the inflamed zone associated with the infraspinatus muscle, for six minutes, utilizing an effective non-steroidal anti-inflammatory as a coupling agent.

- Ten minutes after the first ultrasound application, repeat the ultrasound application to each of the inflamed zones.

- Manipulate the soft tissues again, in and around the involved infraspinatus muscle and the a/c joint, to break up any adhesions that remain.

- Preset the ultrasound unit to deliver a 1 MHz pulsed waveform, at 2.0 W/cm^2. Ultrasound the inflamed zone associated with the a/c joint, for 6 minutes, utilizing an effective non-steroidal anti-inflammatory as a coupling agent.

- Manipulate the soft tissues in and around the involved infraspinatus muscle and the a/c joint, to break up any adhesions that are present.

- Apply a cold laser (with or without simultaneous electrical stimulation provided by the laser applicator) to the inflamed zone for approximately 2 to 6 minutes. This is performed to "cool off" the manipulated zone by denaturing or effectively facilitating enzyme destruction of **all** remaining inflammatory chemicals.

Treatment response is generally rapid, with an immediate cessation of symptoms as soon as the inflamed zones are relieved of adhesions. If the inflammation has been eliminated, generally only one follow-up visit is required to break up any adhesions that have newly formed. The patient should be instructed to return immediately if any the symptoms return.

The patterns of high skin resistance associated with the Chavez Syndrome

Post Treatment Suggestions:

Instruct the patient to avoid any exercise that is performed by flexing the involved elbow to approximately 125^0 and extending the involved arm to approximately 75^0, against resistance, for two weeks. This should include ***Low Rows*** (bent-over row) and ***Dips*** (parallel bar "kip-ups").

Trigger Points

The following trigger point formations may, singly or in combination, imitate or contribute to the pain accompanying a *Chavez Syndrome*: Scalenus (Anterior, Medius, and Posterior), Infraspinatus, Medial Teres Major, Lateral Teres Major, Teres Minor, Coracobrachialis, Supraspinatus (muscle), Supraspinatus (tendon), Subclavius, Posterior Deltoid, Anterior Deltoid, Pectoralis Major (clavicular fibers), Pectoralis Major (sternal portion), Sternalis, Biceps Brachii, and Brachialis (superior & inferior).