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FIT TO COMPETE

In the third of a series of six articles, Michele Allemus, a specialized physical therapist for riders, provides some useful tips to help prevent injuries and stay fit so that you can be at your best for your horse.

Shoulder Injuries And Riders

BROKEN COLLARBONES AND separated shoulders are two of the most common injuries in riders. Falling on the shoulder can cause the acromioclavicular (AC) joint to be strained or dislocate and/or the collarbone to break. Fortunately, the healing time for both of these injuries is relatively fast (as compared to a broken leg or arm) and riders are typically back in the saddle within a month (often against the advice of their physician).

The shoulder is attached to the body by muscles. The only bone attachment is the collarbone. Three joints make up the shoulder. The most familiar is a ball and socket joint known as the glenohumeral (GH).

The GH joint is where the arm meets the shoulder. The AC joint is the point of the shoulder. The acromion is a flat bone that hangs over the GH joint and is joined to the collarbone (clavicle) by ligaments and muscles. The third joint is the sternoclavicular (SC) joint. The clavicle joins the sternum (chest bone) under your chin. The SC joint rarely dislocates. The shoulder blade (scapula) is vital to the proper movement and position of the shoulder and is sometimes regarded as the "fourth" joint. There is no joint capsule to qualify it as a joint, but the shoulder blade plays a vital function in the way the arm moves. There are many ligaments that connect the three joints. The ligaments that help stabilize the AC joint connect from both the clavicle and the coracoid process, which is a part of the shoulder blade and lies on the front of the chest above the armpit.

The collarbone typically breaks near the middle. Fractures at the end of a bone are more serious because the joint becomes involved. Collarbones are usually left to mend themselves. Sometimes a brace is used to hold the shoulders back. Under normal circumstances, fractures take 12 weeks to heal; however, many riders I have worked with have been back in the saddle within four weeks. Obviously, risking re-injury

and/or more serious injury.

Injuries to the AC joint are classified as Type I-III. Initially, the ligaments absorb any strain to the joint. Further damage disrupts the muscles that support the joint (deltoid/trapezius), and lastly the ligaments that attach from the collarbone to the coracoid process (CC ligaments). Type I strains are minor. There is no disruption of the joint. A Type II sprain is a complete rupture of the AC ligament with dislocation of the AC joint. A slight bump can be felt where the collarbone rises above the acromion. Type III sprains are the most serious. There is disruption of not only the AC ligaments, but the CC ligaments as well. There is more injury to the muscles around the joint. There are different grades of Type III sprains ranging from IV-VI. Usually the deltoid and trapezius muscles are torn from the collarbone. There is definite deformity at the shoulder in sprains greater than Type II.

Riders who return to competition early should be supported with taping.

How do you know if your AC joint is sprained? Signs are usually tenderness at the point of the shoulder, pain when carrying

objects (such as buckets of water), pain reaching overhead and possibly pain radiating into the arm and neck. There may also be swelling and decreased strength. A medical professional should evaluate the shoulder to rule out other injuries that may have the same signs, i.e. pinched nerve, impingement syndrome, dislocated shoulder.

Rehabilitation of the shoulder joint is important. Type I sprains can be managed with rest and ice. Type II sprains should be immobilized with a sling for four to six weeks. Type III sprains may be handled either through immobilization or surgery. Surgery is the last resort in most cases and only performed on those individuals who work in jobs that require a lot of overhead activity. In every case, isometric exercises must be started to strengthen the rotator cuff and the muscles around the joint, i.e. deltoid, trapezius, rhomboids, levator scapula, and serratus anterior. Overhead exercises are not recommended in the early stages of repair.

As with any injury, a licensed medical professional should be consulted. High level athletes are always anxious to get back to their sport, but following good advice is the best way to go in the long run.

■ MICHELE LEASURE ALTEMUS, PT, OCS