Joint hypermobility syndrome must be investigated in case of snapping scapula syndrome

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Introduction The snapping scapula syndrome (SSS) is an uncommon clinical picture responsible for significant discomfort. Various diagnoses are known but this problem is often non-specific. The joint hypermobility syndrome (JHS) has never been described in association with SSS. We report three cases of idiopathic SSS associated with JHS.


Discussion SSS first described by Boinet in 1867 is a rare cause of shoulder pain. A “mechanical conflict” between the rib cage and the scapula is proposed. The conflict may be favoured by the presence of congenital or acquired bone abnormalities (exostosis, scapula fractures), muscle abnormalities (atrophy, tumors) or others like bursitis. In about 30% of the cases SSS no specific cause is found. CT, MRI and EMG are often required in the diagnostic process. Our 3 cases with SSS were only associated with positive criterion of JHS and shoulder passive external rotation more than 85°. Shoulder passive external rotation > 85° is a criterion of shoulder hyperlaxity but not of JHS. Only one patient was known for glenohumeral dislocation. We believe that JHS could be a factor favouring development of non-specific SSS, although the exact mechanism of SSS remains unclear. Treatment is based on rehabilitation often with poor results. We recommend searching a JHS as well as shoulder hyperlaxity in case of SSS.

Keywords Snapping scapula syndrome; Joint hypermobility syndrome; Shoulder hyperlaxity

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Further reading
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