

151 - INDEX ROTATOR CUFF INJURY PRACTITIONERS IN GYMNASTICS ACADEMY IN EQUILIBRIUMFERNANDA ALVES LIMA XAVIER¹CASSIO HARTMANN²

1. GRADUATE IN PHYSICAL THERAPY MACEIO - ALAGOAS - BRAZIL

2. TEACHING OF THE OFFICE OF FEDERAL ALAGOAS - CAMPUS MARAGOGI / AL - BRAZIL.

2. EURO-AMERICAN PROGRAM OF POST-GRADUATE STUDIES HEALTH - SPORTS MEDICINE
CATHOLIC UNIVERSITY NUESTRA SENORA DE LA ASUNCION - UC

fernanda_xavier_@hotmail.com

INTRODUCTION

The shoulder is the harmonious combination of five joints (glenohumeral, acromioclavicular and sternoclavicular joint, subacromial joint, scapulothoracic joint) that characterize the shoulder girdle. The movement of these joints in sync requires a fairly painless and joint injuries (1).

The top of the humeral head is covered with a hood tendon resulting from the termination of the tendons of the subscapularis muscle, the front, above the supraspinatus, infraspinatus and teres minor behind. This hood tendon adheres closely to the articular capsule, forming a cover over the humeral head, hence the name "rotator cuff"

A major function of the rotator cuff is to enable the rotation of the shoulder. Another function of the rotator cuff is to stabilize the top of the shoulder joint (2).

The shoulder injuries are common in weight lifting and bodybuilding in particular, in which the quest for development of all the bundles of the deltoid muscle causes the practitioner to perform a high number of repetitions and different movements, thus multiplying the risk of injury. Remember that in comparison with the solid hip joint where the femur head is deeply embedded in the acetabular fossa of the hip, the shoulder joint, which must be movable to allow movement of the upper limb in numerous space plans is rarely engaged. The shoulder may thus be defined as a combination with muscle fixation with maintaining the humeral head in glenoid cavity of the scapula is ensured primarily by a muscle-tendon complex assembly (3).

Although most injuries occur during weight training deltoid muscle is rare to see this be directly harmed. The lesions are usually much deeper and more often occur during movements in a false, or, more pernicious, after a long wear caused by friction of tendinous structures that reinforce the joint capsule (3).

In other violent contact sports (eg., Football) or rapid movements of upper limbs (p. ex., Postings), can occur as serious injury and even torn tendon dislocation; in bodybuilding, the main lesion observed is what is called impingement syndrome of the conflict or sub-acromion-coracoid (3).

In certain individuals, during the motion of the upper elevation (eg., Developing neck or lateral raises), the supraspinatus tendon is rubbed and pinched between the humeral head and the dome formed by the bone-ligament the underside of the acromion and coracoacromial ligament (3).

There is an inflammation that usually begins with serous pouch, which normally protects the supraspinatus tendon against excessive friction to keep the supraspinatus tendon and end, if this inflammation is not treated, reaching the tendons surrounding the infraspinatus (later) and the long portion of biceps (above). The elevation of the upper limb becomes extremely difficult and, over time can cause an irreversible deterioration of the supraspinatus tendon with calcification and even rupture (3).

It is interesting to note that for the same injury to the shoulder all individuals do not react the same way. Some people can carry all types of the upper limb, depressing and sometimes deteriorating their tendons without ever triggering a painful inflammatory process (3).

In recent years, knowledge of the arthroscopic anatomy of the shoulder, and studies in the areas of basic sciences, facilitated the understanding of motion and shoulder injuries, leaving aside the generic diagnoses or painful shoulder bursitis, shoulder, improving treatment and, consequently, the recovery of individuals (1).

OBJECTIVE

Identify the index rotator cuff injury in practitioners of gymnastics at the Academy of Equilibrium neighborhood Ponta Verde, Maceió-AL.

Anatomy and biomechanics. The shoulder joint is a high degree of mobility and due to its formation anatomical anomaly enters the humeral head with the small and shallow cavity gleinodal, in combination with other factors, has a greater predisposition to instability. A good balance between mobility and stability is needed to maintain joint function. And it calls for the joint action of adjacent tissues to maintain stability through a sync function between structures static and dynamic. The static stability is given by articulating components as negative intra-articular, joint capsule, glenoid labrum and ligaments. Dynamic stability, in turn, depends on muscle coordination, especially by the rotator cuff (4).

The intra-articular form a vacuum, contributing to greater coaptation between their structures, and is dependent on an intact rotator cuff and lip. The lip formed by a thickening of the capsule, and fibrocartilage, and become more concave cavity gleinodal and deep maintain the necessary pressure of the fluid between the surfaces and also, through their reflections, sends mechanical stimuli to avoid the translation of the head humerus. The joint capsule surrounds the whole joint and inserts into the anatomical neck of humerus and their thicknesses will be the ligament coracohumeral, reinforcing the upper region along with the supraspinatus tendon.

The superior glenohumeral ligament, middle and bottom, extending from the glenoid lip to the neck of the humerus is earlier reinforcements, along with the subscapularis tendon. Inferiorly, is strengthened by the long head tendon of the triceps, and subsequently, the tendons of the infraspinatus and teres minor. The rotator cuff muscles as dynamic stabilizers, have the responsibility to maintain and centralize the humeral head in glenoid cavity, and this is dependent on muscle activity of afferent sensory responses. Together, these components prevent an excessive humeral head translation, especially the anterior translation. The stability of the shoulder is clear not only of these stabilization mechanisms provided by the capsule-ligamentous structures, but also the influence of these structures in the dynamic stabilization, by reflex activity they are given (4).

The supraspinatus muscle is innervated by the suprascapular nerve (brachial plexus, supraclavicular part) originated in the supraspinatus fossa and supraspinous fascia; insertion into the superior facet of greater tubercle; Action: abduction of the arm. The infraspinatus muscle is innervated by the suprascapular nerve (brachial plexus, supraclavicular part) originated in the caudal margin of the scapular spine, infraspinatus fossa and infraspinatus fascia; insertion in the middle facet of greater tubercle; action external rotation. The teres minor is innervated by the axillary nerve (brachial plexus, infraclavicular portion) originates in the caudal fossa infraspinatus, the middle third of lateral margin; insertion into the distal facet of greater tubercle; Action: lateral rotation

and adduction of the arm. The subscapularis muscle is innervated by the subscapular nerve (brachial plexus, infraclavicular portion) in the home cage and face subscapular fossa; insertion tubercle less and neighboring part of the crest of lesser tubercle (below the origin, lies the bag subtendinous subscapularis muscle); action medial rotation and adduction of the arm (5).

FUNCTIONS

The rotator cuff consists of the following muscles: supraspinatus, infra-spinous, subscapularis and teres minor. These muscles play an important role in the movements of the shoulder and shoulder girdle and are responsible for stabilization, strength and mobilization.

The cuff actually works as a convergence of tendons, like a hood around the head of the humerus. The tendons of four muscles join the joint capsule surrounding the glenohumeral joint second and Craig (2000) its main functions are: Leveraging the rotations of the glenohumeral joint, due to the primary action of the muscles infraspinatus, teres minor and subscapularis. Lateral rotation is essential for the abduction of the glenohumeral joint, it releases the greater tuberosity of the humerus with the acromion of friction.

Stabilizes the dynamics of the glenohumeral joint. The subscapularis muscle is the primary dynamic stabilizer of the anterior humeral head, while the infraspinatus muscle is responsible for posterior dynamic stabilization. In the supraspinatus muscle appears to provide a static restraint to superior migration of the humeral head. Muscles infraspinatus, teres minor and subscapularis exert primary depression of the humeral head, because of its oblique fiber direction toward the bone, which creates a force vector in the caudal over his head. In reality, the muscles of the rotator cuff and deltoid force couple formed a mechanism on the humeral head, and the force vector in the cranial direction exerted by the deltoid muscle during upper limb elevation is balanced by the action centering cuff and depressing cuff on the humeral head, resulting in a rotating harmonic and precise.

Provides a closed compartment important for the nutrition of the articular surfaces of the humeral head and glenoid cavity. Rotator Cuff Injury.

The rotator cuff injuries can occur due to ligament degeneration, trauma, overuse of the joint (activities with hands above head), or vascular problems. Generally affect individuals with a predominance of males over 40 years of age, but these numbers tend to change rapidly due to the complexity that current jobs are demanding of both sexes, associated with high levels of sedentary population (6).

In activities that require repeated overhead suspension, such as throwing and swimming, the work of the rotator cuff is of paramount importance. When there is poor technique in these activities, fatigue or with inadequate heating and conditioning, and the rotator cuff muscle group, especially the supraspinatus, eventually it does dynamically stabilize the humeral head in glenoid cavity occurs problems such as tendonitis and friction of the rotator cuff in the subacromial space.

PHYSICAL ACTIVITY

We know the need and importance of regular physical activity and the benefits brought by its regular practice. However, we noticed some distortion that must be observed, so that the practitioners of activities in gyms conquer your goals while respecting the fundamental principles of ordering sports training (4).

The terminology applied "Injuries due to overload on physical activity in gyms," applies perfectly to the reality that we observe in them, with most of their users, forcing the body biomechanical stress sufficient to produce functional lesions in the short, medium and long term. I would note, however, that a significant portion seeks to respect the limits imposed, fitting the guidelines received by professional physical education (4).

This concept is the result of observations made on several students to physical activities in academia (especially bodybuilding) who periodically visit, medical and physical therapy, for treatment for injuries produced by continuous overload and repetitive strain. Appliances such as "pull high," for example, produce very large biomechanical stress and may produce such injuries. Other facilities deserve special attention when performing the movement, among which I highlight: cross over, bench press, pectoral flying, etc. In fact, everyone deserves care and should be respected scientific principles of biomechanics and athletic training student (4).

Reinforcing the importance of regular physical exercise and targeted as a key element for the acquisition of healthy habits and appropriate for improving the quality of life, physical fitness and prevention of cardiovascular disease, making it clear that if well conducted, directed and respecting steps fundamental construction of sports training, will no injury to the student, by contrast, will be preventing musculoskeletal injuries caused by repetitive overhead and (4).

STAGES OF LESION

Neer described the three phases of compression syndrome of the cuff and are universally until the present day (8).

PHASE

Reversible edema and hemorrhage. Occur in young patients due to overuse of the upper limb in sports or work, and the appropriate treatment is conservative (8). As shown in Figure 01.

PHASE

Fibrosis and tendinitis of the rotator cuff. Occur chronically in patients aged between 25 and 45. The clinical signs are intermittent. In these cases, conservative treatment may be enough in just the first painful episodes, the classic acromioplasty by open or arthroscopic got his big statement, because it definitely relieves the painful symptoms and prevent the rupture of the cuff, which certainly occur in the natural progression of the disease. It is considered by some authors as surgery "prophylactic" (8). As shown in Figure 01.

PHASE

Complete rupture of the cuff to bone alterations typical X-ray single (bone sclerosis, subchondral cysts, osteophytes on the anterior portion and the acromion-clavicular and humeral head contact with the acromion, in cases of complete rupture of the cuff). It usually occurs in patients 40 to 50 years. Confirmation of diagnosis can be given by arthrography, ultrasonography, MRI, etc.. The surgery is formal and aims to acromioplasty (to decompress) and reconstruction of the rotator cuff (to improve upper limb function and prevent the degeneration of the acromion-clavicular joint and glenohumeral (8).

AS SHOWN IN FIGURE 01.

Fonte: www.wgate.com.br/fisioweb, 2001

DIAGNOSIS

As with any disease, patient history and details of symptoms are essential (pain location, frequency, intensity, precipitating factors). The x-ray, arthrography and sonography are useful in confirming the diagnosis and determine the extent of injury. In selected cases where more information can be essential to carry out a nuclear magnetic resonance (9).

PHYSIOTHERAPY

Physical therapy aims at reducing inflammation and pain, normalization or increase range of motion, muscle strength and elasticity and the return of that individual to practice the activities of daily living.

PHYSIOTHERAPY TREATMENT

In patients with impingement syndrome, which motivates him to the doctor is always the presence of an intense and painful episodes often disabling. And when sent to a rehabilitation service, patients, doctors, family and other involved parties, deposit all your physiotherapist in expectation and hope of healing. This makes the trader directly responsible for the renewal of the patient to normal activities (8).

Physical therapy for impingement syndrome will vary according to the primary cause of the problem. But usually we deal with similar clinical signs in most cases. A full understanding of these conditions, and because they are present, greatly facilitates the development of physical therapy procedures. For conservative treatment, will only be taken into account the changes made in stages I and II, as only these are indicated for this (8).

METHODOLOGY

The present study was defined as a quasi-experimental research according to Clarke (1970), quoted by Flegner & Dias (1995), for attempting to identify the rate of rotator cuff injury in practitioners of gymnastics at the Academy of Equilibrium Ponta Verde district Maceió-AL (10).

Thomas and Nelson (2002) analyze the research designs on certain factors and classified them into three categories: pre-experimental designs, true experimental designs and quasi-experimental designs. The current study was limited to a deliberate search, but quasi-experimental (11). This study met the Standards for the Conduct of Human Research, Resolution 196/96 of the National Health Council, of 10.10.1996 (BRAZIL, 1996). After being submitted to the ethics committee of the Faculty of Alagoas was approved under protocol No. 016/09

PROCEDURE FOR DATA COLLECTION

Initially, several meetings were held with practitioners of gymnastics at the Academy Equilibrium in the city of Maceio. In the first contact of the questionnaires were distributed scale modified UCLA (University of California at Los Angeles Shoulder Rating Scale).

It was stated in the meeting that the research would be sixteen weeks (16) weeks, performed five times a week.

In a second time after having received and reviewed the questionnaires, participants considered unrestricted by telephone were invited to attend the scheduled place and time to participate in the intervention: Equilibrium Academy located in the district of Ponta Verde, where they received detailed information about the operational part of the research and who would have the discretion to abandon the activities at any time, whenever he so wished, being invited to return at the scheduled date and time in that gym.

To be sampled individuals should have the following characteristics:

Being male; Be aged between 18 and 45 years of age; Being a practitioner of Gymnastics Academy Equilibrium; Be enrolled over three months at the academy. As the evaluator used the samples of the Academy, was distributed a letter of consent, read and signed by each of the subjects who comprised the sample.

ANALYSIS AND DISCUSSION OF RESULTS

The aim of this paper was to identify the rate of rotator cuff injury in practitioners of gymnastics at the Academy of Equilibrium neighborhood Ponta Verde, Maceió-AL. It was believed that those who practice gymnastics might have rotator cuff injury.

After sixteen weeks (16) weeks of intervention and application of questionnaires to scale (modified UCLA) was found that the two hundred sixty-one students (261) enrolled, eighty-four (84) are males and one hundred and seventy seven are female (177). Aged between 18 and 45 years of age. It was found that the eighty-four (84) men, two (02) had pain in the knee joint and shoulder, a (01) had a pain in the trapezius muscle and (01) had pain in the shoulder and lumbar spine. It is noteworthy that the shoulder joint pains that were identified did not correspond to the rotator cuff injury. What makes us believe that prescription as well as the intensity and volume of work is being respected according to the biological individuality of practicing gymnastics.

CONCLUSION

It can be concluded that after practicing gymnastics academy Equilibrium be submitted to the study, there was no rotator cuff injury. It is important that the muscles and tendons are stretched and strengthened and continue to run and exercise with proper posture and always assisted by a professional in the field of physiotherapy and physical education, ie, a

multidisciplinary work.

We can also say that there are few studies like this that will fill a gap and support scientifically this type of injury.

It is suggested that further research be done in other fitness centers in Macedonia and that includes the female audience.

REFERENCES

Cohen, Moses Abdalla, Rene Jorge. Sports injuries. Rio de Janeiro, Tijuca Revinter, 2005.
Corrigan, Brian. Maitland, D. G Clinical practice in orthopedics and rheumatology, diagnosis and treatment. Sao Paulo, Premier, 2000.

Delavier, Frédéric. Guide the movements of bodybuilding. Barueri, Manole, 2006.

Souza, Angelic. Proprioception. Rio de Janeiro; MEDS, 2004.

Putz, R. Pabst, R. Sobotta - Atlas of Human Anatomy. Rio de Janeiro, Guanabara Koogan, 2000

THOMAS, J. R. & NELSON, J. K. Research methods in physical activity. Philadelphia: Saunders, 2002.

Rua Luis Campos Teixeira, 1207, Ponta Verde

CEP. 57035-290

Maceió – Alagoas - Brasil

(82) 9125-0675

fernanda_xavier_@hotmail.com

INDEX ROTATOR CUFF INJURY PRACTITIONERS IN GYMNASTICS ACADEMY IN EQUILIBRIUM

ABSTRACT

Introduction: The shoulder is the harmonious combination of five joints (glenohumeral, acromioclavicular and sternoclavicular joint, subacromial joint, scapulothoracic articulation) that characterize the shoulder girdle. The movement of these joints in sync requires a joint painless and without injury. The top of the humeral head is covered with a hood tendon resulting from the termination of the tendons of the subscapularis, the front, above the supraspinatus, infra-spinal and teres minor behind. This hood tendon adheres closely to the joint capsule, forming a cover over the humeral head, hence the name "rotator cuff". One of the main functions of the rotator cuff is to enable the rotation of the shoulder. Another function of the rotator cuff to stabilize the top of the shoulder joint. The objective of this research was to: identify the index lesion of the rotator cuff in practice gymnastics Academy Equilibrium neighborhood Ponta Verde, Maceió-AL. Methodology: This study considered the Norms for Research Using Human Subjects, Resolution 196/96 of the National Health Council of 10/10/1996 (BRAZIL, 1996). After being submitted to the ethics committee of the Faculty of Alagoas was approved under the Protocol 016/09. Analysis and discussion of results after sixteen weeks (16) weeks of intervention and administering the scale UCLA last (University of California at Los Angeles Shoulder Rating Scale) was found that the two hundred sixty-one students (261) enrolled, eighty-four (84) are male one hundred and seventy-seven are female (177). Aged between 18 and 45 years of age. It was found that the eighty-four (84) men, two (02) had pain in the knee joint and shoulder, one (01) had pain in the trapezius and one (01) had pain in the shoulder and lumbar spine. Conclusion: It can be concluded that after practice gymnastics academy Equilibrium be submitted to the study, there was no damage to the rotator cuff, it is suggested that further research be carried out in other gyms of Miami, which includes the female audience.

KEYWORDS: Index Injury, Rotator Cuff and Practitioners Gymnastics.

ROTATEUR INDEX REVERS DES PRATICIENS DES BLESSURES EN ACADEMIE DE GYMNASTIQUE EN EQUILIBRE

RÉSUMÉ

L'épaule est la combinaison harmonieuse de cinq articulations (gléno-humérale, acromio-claviculaire et sternoclaviculaire commune, sous-acromial commune, l'articulation scapulo-thoracique) qui caractérisent la ceinture scapulaire. Le mouvement de ces articulations en synchronisation nécessite une lésion articulaire indolore et sans. Le sommet de la tête humérale est recouverte d'un tendon hotte résultant de la résiliation des tendons du muscle sous-scapulaire, le front, au-dessus du sus-épineux, infra-épineux et petit rond derrière. Ce tendon hotte adhère intimement à la capsule articulaire, formant une couverture sur la tête humérale, d'où le nom «coiffe des rotateurs». Une des principales fonctions de la coiffe des rotateurs est de permettre la rotation de l'épaule. Une autre fonction de la coiffe des rotateurs de stabiliser la partie supérieure de l'objectif joint. The épaule de cette recherche était de: identifier la lésion index de la rotator brassard en gymnastique pratique Académie équilibre quartier Ponta Verde, Maceió-AL. Méthodologie: Cette étude a examiné les normes de la recherche avec l'aide de l'homme, la Résolution 196/96 du Conseil national de la santé 10.10.1996 (Brésil, 1996). Après avoir été soumis au comité d'éthique de la Faculté de Alagoas a été approuvé en vertu du Protocole 016/09. Analyse et discussion des résultats après seize semaines (16) semaines d'intervention et d'administrer l'échelle UCLA dernière (Université de Californie à Los Angeles épaule Échelle d'évaluation) a été constaté que les 261 élèves (261) inscrits, quatre-vingt-quatre (84) sont de sexe masculin 177 sont des femmes (177). Agés entre 18 et 45 ans de age. Il a été constaté que quatre-vingt-quatre (84) hommes, deux (02) avaient des douleurs dans l'articulation du genou et l'épaule, un (01) avaient des douleurs dans le trapèze et un (01) avait la douleur de la colonne vertébrale lombaire et des épaules. Conclusion: On peut en conclure que, après la pratique de la gymnastique académie équilibre être soumis à l'étude, il n'y a eu aucun dommage à la coiffe des rotateurs, il est suggéré que de nouvelles recherches soient menées dans les gymnases d'autres de Miami, qui comprend le public féminin.

MOTS-CLÉS: blessures Index, rotator brassard et de Gymnastique praticiens.

ROTADOR ÍNDICE DE BANDA PARA PROFESIONALES DE LESIONES EN LA ACADEMIA DE GIMNASIA EN EQUILIBRIO

RESUMEN

El hombro es la combinación armoniosa de cinco articulaciones (glenohumeral, acromioclavicular y articulación esternoclavicular, subacromial articulación conjunta, scapulotorácica) que caracterizan a la cintura escapular. El movimiento de estas articulaciones en sintonía requiere una lesión de la articulación sin dolor y sin. La parte superior de la cabeza del húmero se cubre con un tendón de la campana como resultado de la terminación de los tendones del subescapular, la parte delantera, por encima del supraespinoso, infra-espinal y el redondo menor por detrás. Este tendón campana se adhiere estrechamente a la cápsula articular, formando una cubierta sobre la cabeza del húmero, de ahí el nombre "manguito rotador". Una de las principales funciones del manguito de los rotadores es permitir la rotación del hombro. Otra función del manguito rotador para estabilizar la parte superior del objetivo joint. The hombro de esta investigación fue: identificar la lesión índice del manguito rotador en la práctica de gimnasia de la Academia de equilibrio barrio Ponta Verde de Maceió-AL. Metodología: Este estudio examinó el uso de

normas para la Investigación en Seres Humanos, la Resolución 196/96 del Consejo Nacional de Salud de 10/10/1996 (Brasil, 1996). Después de ser presentado al comité de ética de la Facultad de Alagoas fue aprobado en virtud del Protocolo 016/09. Análisis y discusión de los resultados después de dieciséis semanas (16) semanas de la intervención y la administración de la escala de UCLA pasado (Universidad de California en Los Ángeles hombro Rating Scale) se encontró que los doscientos sesenta y uno los estudiantes (261) inscritos, ochenta y cuatro (84) son hombres ciento setenta y siete son mujeres (177). De edades comprendidas entre 18 y 45 años de age. It se encontró que el ochenta y cuatro (84) hombres, dos (02) de dolor en la articulación de la rodilla y el hombro, una (01) de dolor en el trapecio y un (01) había dolor en el hombro y columna lumbar. Conclusión: Se puede concluir que después de la práctica academia de gimnasia Equilibrio ser sometidos al estudio, no hubo daños en el manguito de los rotadores, se sugiere que se sigan investigando en otros gimnasios de Miami, que incluye el público femenino.

PALABRAS CLAVE: Lesiones índice, Rotador manguito y Gimnasia profesionales

ÍNDICE DE LESÃO DO MANGUITO ROTADOR EM PRATICANTES DE GINÁSTICA NA ACADEMIA EQUILIBRIUM RESUMO

O ombro é a associação harmônica de cinco articulações (articulação glenoumeral, articulação acrômioclavicular e esternoclavicular, articulação subacromial, articulação escapulotorácica) que caracterizam a cintura escapular. O movimento em sincronia dessas articulações determina uma articulação indolor e sem lesões. A parte superior da cabeça umeral é coberta por um capuz tendinoso resultante da fusão dos tendões de terminação dos músculos subescapular, pela frente, supra-espinal acima, infra-espinal e o redondo menor por detrás. Esse capuz tendinoso adere intimamente à cápsula articular, formando uma cobertura sobre a cabeça umeral, e daí o nome "manguito rotador". Uma das principais funções do manguito rotador é possibilitar a rotação do ombro. Outra função do manguito rotador é estabilizar a parte superior da articulação do ombro. O objetivo da presente pesquisa teve como: identificar o índice de lesão do manguito rotador em praticantes de ginástica da Academia Equilibrium do bairro Ponta Verde, Maceió-AL. Metodologia: O presente trabalho atendeu às Normas para a Realização de Pesquisa em Seres Humanos, Resolução 196/96, do Conselho Nacional de Saúde, de 10/10/1996 (BRASIL, 1996). Após ser submetido ao comitê de ética da Faculdade de Alagoas teve a aprovação sob o Protocolo nº 016/09. Análise e discussão dos resultados: Após dezesseis semanas (16) semanas de intervenção e de aplicação dos questionários de escala UCLA modificada (Universidade da Califórnia em Los Angeles Shoulder Rating), ficou constatado que dos duzentos e sessenta e um alunos (261) matriculados, oitenta e quatro (84) são do gênero masculino e cento e setenta e sete são gênero feminino (177). Com faixa etária compreendida entre 18 e 45 anos de idade. Verificou-se que dos oitenta e quatro (84) homens, dois (02) apresentaram dores na articulação de joelho e ombro, um (01) apresentou dores no trapézio e um (01) apresentou dores no ombro e na coluna lombar. Conclusão: Pode-se concluir que após os praticantes de ginástica da academia Equilibrium serem submetidos ao estudo, não foi observado lesão do manguito rotador, sugere-se que sejam feitas novas pesquisas em outras academias de ginástica de Maceió e que se inclua o público feminino.

PALAVRAS-CHAVE: Índice de Lesão, Manguito Rotador e Praticantes de Ginástica.