Grade II Hooked Acromion in Collegiate Softball Player
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**Background** A 20 year old female softball player suffered a shoulder impingement of the right shoulder due to a congenital grade II hooked acromion. The athlete complained of an aching pain in her shoulder and a “clicking” sound that she noticed whenever she hit. The athlete stated that she noticed this her sophomore year of high school, but did not start to feel pain until her junior year of college. Initial evaluation found she was point tender over her biceps tendon and had a tight posterior capsule. She had full ROM and strength in all motions, with a “clicking” sound at 90 degrees of flexion. The Athlete received treatment until the end of that semester, and then returned the following semester for another evaluation. The second evaluation found that she was point tender over the glenohumeral joint. The athlete stated that it had been bothering her over the summer, and any overhead motions would elicit pain. She still had full ROM along with the “clicking” sound with flexion, but her strength weakened for flexion and Abduction. The athlete was referred to get an MRI, there were no abnormal findings reported. At some point during her treatment she was also referred of to get an X-Ray of the right shoulder and the findings from the X-Ray was a grade II hooked acromion. **Differential Diagnosis** Bicipital Tendonitis, infraspinatus syndrome, clavicular injuries, Shoulder impingement syndrome, Superior labrum lesions. **Treatment** For the spring semester the goal for the athletes rehab was to decrease pain, this consisted of the UBE to maintain function, and warm up the shoulder. The athlete had less ROM with internal rotation, so stretching the shoulder, with more of a focus on the posterior capsule was implemented. Treatment ended with a combination of ice and pulsed E-stim through the glenohumeral joint for 20 minutes. A week later the athlete saw the physicians and was prescribed Dexamethasone sodium phosphate to be used with Iontophoresis for treatment. Different modalities were added, such as LLLT using the super luminous diode, and Ice cup. The athlete was then reevaluated the following fall semester and her rehab plan consisted of strengthening her shoulder. This included different TRX exercises, Rip Trainer marches, and resistive cables 6 ways. Throughout rehab the athlete complained of the same pain, it was non-progressive. **Uniqueness** A person with a grade II/III hooked acromion is at a very high risk of shoulder impingement. This is also an unlikely condition for such a young individual to have. What is interesting is the delayed onset of pain she was experiencing is not common for most people with a grade II hooked acromion. The athlete had been playing softball since high school, and had been hitting for years, and only during her junior year of college she started to feel pain. **Conclusion** As an ATC, you should to realize how important it is to pay attention to what the athlete tells you. This can reveal why there was such a delayed onset to the injury. If you thought the injury was a biceps tendinitis, you should know the differential diagnosis so all other possibilities can be ruled out, and if the Athlete wasn’t progressing the athlete could’ve gone for the MRI/X-Ray sooner. **Relative Evidence** According to J.G. Edelson, hooked acromions are not prevalent in individuals under the age of 30. Edelson examined 750 scapular dry bone specimens, 211 of which were less than 30 years of again revealed that there were no hooked acromions. **Word Count:** 600