

LEVATOR SCAPULA DYSFUNCTION

**A GUIDE TO AID YOUR
RECOVERY**

Material in this leaflet is to be used under the guidance of your physiotherapist.

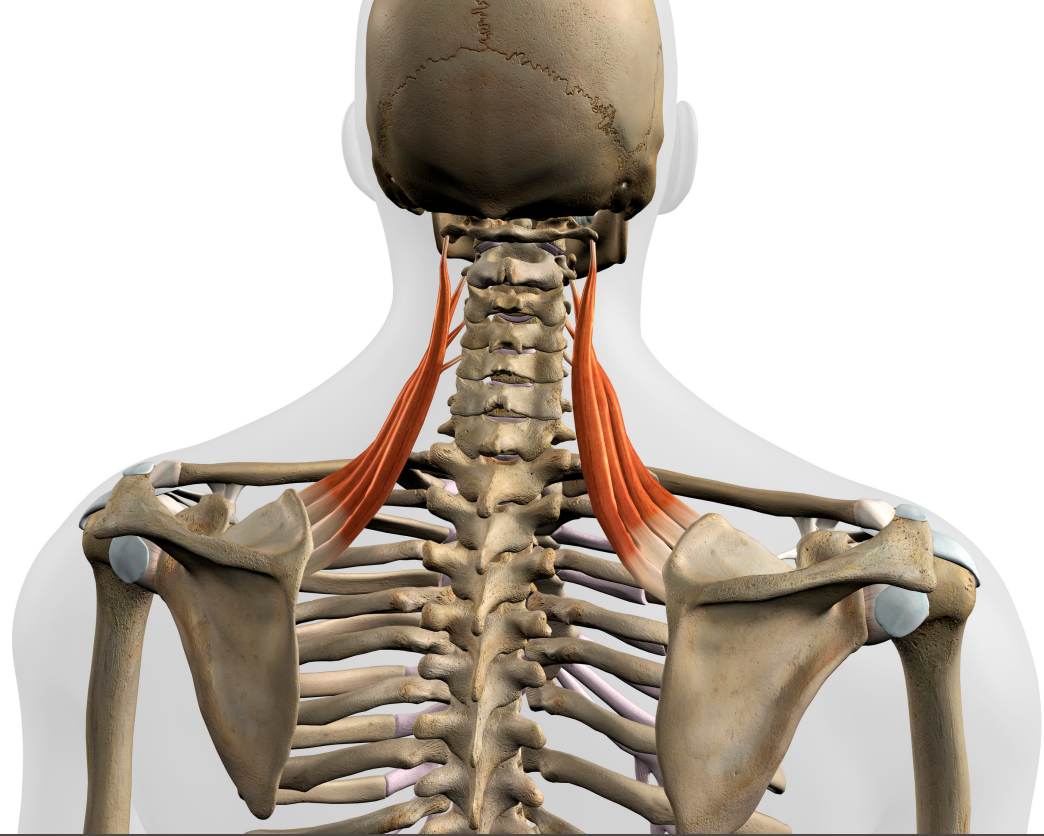


For Clients Who Have:

- Neck pain and stiffness that may extend into the upper back and shoulder blade.
- Recently been assessed by a physiotherapist.
- Been advised they have altered mechanics of at least one of the following areas:
 - Neck
 - Shoulder
 - Middle and Upper Back

Leaflet's Purpose

To provide clients with a written version of information and self-management recommendations provided verbally during physiotherapy sessions.



The Levator Scapula Muscle¹

There are two Levator Scapulae Muscles - one on each side of the neck.

The muscle runs from the side of the first four vertebrae of the neck to the top of the shoulder blade.

The muscle has two actions:

- Lifts the shoulder to the ear (shoulder shrug).
- Rotates and side flexes the neck (for example - holding a phone between the ear and the shoulder).

Levator Scapula Dysfunction^{1,2}

What is it?

The Levator Scapula is:

- Not functioning properly.
- Often either too short, too long, too active or not active enough.
- Often bearing the brunt of another body part that is not functioning properly.

Possible causes include:

- Altered mechanics of the:
 - Neck
 - Shoulder
 - Upper and Middle Back
- Muscle fatigue due to muscles which have been:
 - Overworked
 - In prolonged and/or awkward positions.

Symptoms may include:

- Neck pain/stiffness which may:
 - Extend to the head and cause headaches.
 - Radiate down the arm.
- Deep, achy pain/stiffness in the upper back which extends to the shoulder blade or neck.

The key to successful treatment is to identify and treat the cause of the dysfunction.



Treatment

Your physiotherapist will likely use hands-on techniques to address the cause of your Levator Scapula Dysfunction.

For best results, physiotherapy treatment should be supplemented with the **self-management techniques** outlined in the following pages.

Self-Management Techniques

Based on your physiotherapy assessment, these self-management techniques are safe to perform.

Seek medical attention if unusual symptoms are experienced such as:

- Vision changes.
- Severe muscle spasm in your neck or shoulder area.
- Numbness or weakness in your arms.



Manage Symptoms with Ice^{3,4}

When used consistently, ice is known to decrease pain, inflammation, muscle spasm and tension headaches.

How to Ice the Neck & Levator Scapula Muscle

You will need two ice packs, a facecloth and a tea towel.



1

Wrap an ice pack in a tea towel.

2

Place facecloth over your shoulder.

3

Place one ice pack between the slope of your shoulder & shoulder blade.

4

Place the towel wrapped ice pack over your neck. Give the towel ends a gentle tug to conform the ice pack to your neck.

**FOR BEST RESULTS
APPLY ICE**

For 10 minutes.

3-5 times per day.

Over the next 5-7 days.

Precaution:

Ice should not be used over compromised skin. This includes areas where skin has poor sensation/circulation, an open wound or burn.



Maintain Your Sleep Posture ⁵

The key to managing neck pain is to:

1

Support the natural curve of your neck.

You can create your own neck roll using a bath towel.

- Along its length, fold the towel in half.
- Roll the towel to create a cylinder.
- Place it horizontally in the curve of your neck.
- Once you find a comfortable size, tuck the neck roll into a pillowcase of a smaller, flatter pillow. The pillow will support your head and the roll will support the curve of your neck.

2

Keep your head and neck in one line.

Along with supporting the natural curve of your neck, aim to keep your neck, chin, nose and the middle of your forehead in one line.

3

Choose an optimal sleeping position.

Avoid sleeping on your tummy when possible. A better choice is to sleep on your back or side.

Restore Functional Mobility

At this phase of rehabilitation the first mobility goal is to restore the functional mobility of your neck and create symmetrical movement.

Levator Scapulae Mobility

Perform 2-5 times, once per waking hour.



1

Starting Position:

- Look straight ahead.
- Be mindful of your posture.

2

Take 2 seconds to rotate your neck and look towards your right armpit.

3

Return to starting position.

4

Take 2 seconds to rotate your neck and look towards your left armpit.

5

Return to starting position.



Restore Functional Mobility



Neck Extension

1

Starting Position:

- Look straight ahead.
- Be mindful of your posture.

2

Place your middle & index fingers gently but firmly over the portion of your neck that feels the stiffest.

- Your fingers will act as a ledge to support your neck allowing for comfortable and safe range of motion.



3

Take 2 seconds to look up to the ceiling.

4

Return to starting position.



Perform 2-5 times, once per waking hour.





Questions? Contact your Physiotherapist:

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Notes:

References

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