Figure 4 - Hypothesis neuro-motor control strategies that patients with anterior shoulder instability adopt in setting phase of arm elevation.

Patients with anterior shoulder instability initiate elevation by:

- Early onset & lower magnitude of supraspinatus
- Delayed onset of ipsilateral upper trapezius
- Greater area of glenoid asymmetry

Neuromotor Strategy 1:
- Correlation between supraspinatus & infraspinatus
- Earlier activation and higher magnitude of infraspinatus
- Increase concavity compression to minimize humeral head translation

Neuromotor Strategy 2:
- Correlation between ipsilateral upper trapezius and teres major
- Teres major increase concavity compression and contributes to downward stability of glenohumeral joint

Stability regained