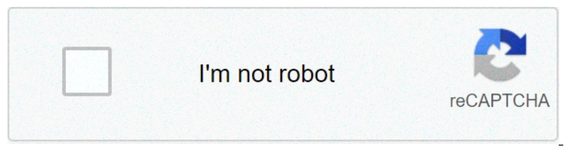

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Pectoralis major and minor function

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In fact, a recent study observed that of the 365 cases of pectoral ruptures greater reported in the 1822-2010, 76% medical literature occurred throughout the last 20 years.A, the pectoral increased lesions may vary from bruises (bruises) and inflammation To complete tears and frequently result in pain, weakness, deformity in the contour of the chest, and finally a declension in the overall shoulder function. These injuries occur more frequently in active individuals who participate in sports or to carry out heavy work and may be the result of any acute traumatic event or excessive capacity. Breastplier pectoral tears are common in younger men who raise weighttsã, every older athletes who do not warm-up properly; However, these types of tears even have been reported at Elderly.â â € fâ € fâ € fâ € fâ € fâ € fâ € fâ € fâ € fâ € fâ € fâ € ƒ The muscles of the breast the 2 pectoral muscles, the larger pectoral and the lower pectoral (the larger and smaller muscles of the chest) turn on the front of the chest wall, with the omher (bone of the arm) and the shoulder (fig). The larger pectoral is a thickness of thickness, in the form of a fan consisting of 2 heads or portions, clavicular and sternal. The originates clavicular head of the anterior edge of the medial half of the clavula (clavichula), while the sternal head appears from the sternum (chest bone) and first to the sixth ribs. The 2 muscle portions then converge to the outer side of the box with the subclavius muscle â € â € œ (the small, triangular muscle between the clavula and first rib) to form armpit or armpits. The various origins and insertions of the greater pectoral muscle allow him to start a wide range of actions on arm, allowing him to be added (call for the body), flex (folding), extend (straighten), and internally rotation (curve in direction to the body). Causes over time, repetitive or prolonged activity can cause the tenders of the larger pectoral muscle for degenerate, resulting in a strain. Crystal imbalance of the muscle, weakness, abnormal grip and biomechanical, especially when combined with excessive formation, can also contribute to the development of a pectoral strain. In contrast, the acute tensions or tears for the pectoral muscle happens when a force passes through the muscle and tendon that is larger than they can bear. This can occur during weight training, especially when making a bench press, chest press, or breastplate fly, and is more likely to happen when using free weights than machines. For example, if it is too large an external force is applied when the muscle is in its maximum stretching point, as during the movement down a bench press, which breaks on the junction The tendon. When this occurs patients normally report a sharp pain with a pop. Classification tears for the larger pectoral muscle can be small and partial or can constitute a complete rupture. In addition, they can be classified as one of three types, based on the number of torn muscle fibers and the level of the function has been lost, with grade 3 representing the most extensive damage. Most They are grade 2. The symptoms after a large pectoral tear, the patient may have bruises, swelling and deformity of the chest and arm. Besides, he or she can report pain and loss of force while pushing with with far end. The pain is located for the chest and front of the shoulder or armpit, but can radiate for the upper arm or neck and can increase a pain for a pain with the activity. Diagnosis and evaluation in the acute injury phase, a physical examination may be difficult to execute because the swelling of the injury can distort the shoulder and the pain can affect the force and the motion test. Once the swelling solved, the contour of the chest and shoulder may seem abnormal. The force force can be tested by having the patient's feet while turning internally (moving to the body) the arm and the addiction of resistance (moving away from the body). The results can be compared with the results of the opposite arm. The image is used to differentiate an injury from the breastplate of other types of distances and determine its extension. X-rays must be taken to seek a possible sized fragment in the tendon or other associated fracture or lux. CT (computerized tomography) can be used to evaluate fractures identified in X-rays for surgical fixing. Ultrasound is a cheap mode that can be used to assess the presence of a tear or tendon retraction, while a magnetic resonance (magnan resonance imaging TICA) can be performed to determine the location and extension of the injury. Treatment Treatment for an important pectoralis injury depends on the severity of the injury, the extension of the muscle function and the healthy level and general activity of the patient. Non-cirancistic treatment should be considered in patients who have low demand, are elderly or have partial tears or tears in muscle well. Initial treatment with immobilization, rest and cold therapy, followed by reinforcement and stretching can offer a satisfactory to the excellent functional result. Shoulder motion returns and patients can resume daily activities.4 In patients who need to return to total force and function or are concerned about cosmetic appearance, it is recommended Cyric repair. In a recent study, the patients were highly satisfied with the surgical repair of PetoLoalis Major, reporting a return of forces, structure and general function.5 The need for rehabilitation after surgery varies depending on As the muscle was repaired. In general, patients can return to normal activities of 4 to 6 months after the procedure. Results The management of serious peitionalis injuries is the specific patient. In sedentary or low-demand individuals with partial or complete tears, non-cirancistic management can provide acceptable results â €