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It exists Theater about its usefulness in pathology, although only a controlled cloger essay has been published with data on better in force but not in pain or shoulder functionality. Conclusions need to carry out more studies with better designs To describe The tendon complex that is made up of the supraspinatus, infraspinatus, subscapularis and teres minor muscles. It is an integral component in Shoulder Movement and Stability. ITS AFFECTION REPRESENTS ONE OF THE MAIN CAUSES OF JOINT PAIN AND DYSFUNCTION1. Approximately 4% of People Between 40-60 Years Suffer from partial or Complete Tear and Up to 54% of Adults Over 60 Years Suffer From This Affectation2. ITS aetiology is multifactorial. Factors related to tear development are classified into intrinsic (Hypovascularity, ageing-related metabolic alterations), extrinsic (subacromial compression) and traumatic (acte or repetitive microtraumatatisms) 3.Symptoms can be classified into 2 grups Pain, inflammation, reduced mobility) and those caused by tendon tear (decrepitation, weakness and atrophy). In General, Both Types Coexist Simultaneously4. It was lateted defined as a mechanic irritation of the rotator cuff and the bursa when compressed in the subacromial area and clinically Characterized by Painful Shoulder Abduction, Reduced Active Mobility and Progressive Loss of Strength and Muscle Function6,7. Such symptoms may or may not I mean, I don't know. organs, increases the collagen density in the tendon, consumes little metabolic and nervous energy, and has a reduced impact on muscular volume. Eccentric exercise exposes the tendon to a greater burden than concentric and, apparently, produces a repair effect after muscular micro-tears13. Some of the inconveniences of eccentric training may include a high rate of muscular fatigue and the risk of lesion in the event of training with inappropriate technique14.Effects of eccentric concentration on tendonsAlfredson15 discovered that during every eccentric exercise sequence, there was a temporary interruption of blood flow in tendon neovessels. This was demonstrated through Doppler ultrasonography, by means of which it was possible to observe tendon vascularity after 12 weeks of eccentric training16. Some studies also report a reduction of 45% of abnormal flow of peritendinous capillary blood, with effects pain in patients with Achilles tendinopathy17.Repetitive burden and unburden pattern caused by eccentric exercise provides ongoing mechanical stimulus, which would induce tendon remodelling, similar to the burden exercised on the bone during mechanical stimulation with high frequencies18.Langberg et al.19 reported the existence of an increase of collagen synthesis in damaged tendons as a result of an eccentric training programme for 12 weeks, as well as an increase in the concentration of peritendinous type I collagen, which was clinically related to a reduction in pain levels. Such finding was not found in healthy tendons.Eccentric exercise performed on a regular basis theoretically reduces pain due to the ongoing desensitization of peripheral mechanisms of transmission, the central adaptation by agonist and antagonistic muscular groups, and the increase in tendon resistance, which reduce the possibility of the inflammatory process20.Treatment with eccentric muscle training is defined by some authors as painful, who use use the term ¢ÃÂÂpainful eccentric muscle training.¢ÃÂÂ Said program has provided positive clinical results in patients with chronic Achilles tendinopathy, in whom histological changes compatible with favourable structural modifications of the tendon 21,22 have been found, although there are recent reports with contrary results that show limited effectiveness of the treatment23,24. Therefore, its usefulness is controversial. Some examples of eccentric contraction exercises for deltoids, supraspinatus and muscles of the rotator cuff are illustrated in figures 1-4.Eccentric strengthening in rotator cuff lesions and subacromial compressionWith the aim of assessing the existing evidence about the benefit of eccentric strengthening in rotator cuff tendinopathies, a search was carried out in the Pubmed electronic database with the terms: ¢ÃÂ¢Âtendon,¢ÃÂ«Â ¢ÃÂ¢Âtendinopathy,¢ÃÂ«Â ¢ÃÂ¢Âtendinitis,¢ÃÂ«Â ¢ÃÂ¢Âeccentric,¢ÃÂ«Â ¢ÃÂ¢Ârotator cuff¢ÃÂ«Â and ¢ÃÂ¢Âresistance training.¢ÃÂ«Â One of the first 3 terms was combined with each of the remaining 3. A total amount of 43 articles was found. After a clean-up according to the type of study (clinical study), only 4 studies were left that included treatment of rotator cuff lesions with eccentric exercises. Most of the articles found indicate results of rotator cuff lesions associated with subacromial compression. Due to the scarcity of publications, it was decided to include the analysis of those 4 articles in this report. The general characteristics of the studies included are shown in Table 1.Jonsson et al.25 revealed the results obtained from a pilot study which included 9 patients (5 women and 4 men, with an average age of 54 years) who suffered from chronic shoulder pain, diagnosed with subacromial compression and rotator cuff lesion, in protocol study for surgical treatment. They underwent a supervised eccentric training programme for supraspinatus muscles and deltoids (3 sets of 15 repetitions, twice Day, 7 days a week for 12 weeks). There were pain evaluations through a visual analomic scale (vas) of the satisfaction level (using the Likert scale) and functionality (using the Constant scale). Five of them were satisfied with the treatment, with a significant reduction in pain from 62 to 18mm (P × ™ 0.05) and an increase in punctuation of 65 to 80 (p × ™ 0.05) on the Constant scale. After 52 weeks of follow -up, these five patients continued satisfied and were eliminated from the surgical waiting list. They continued with 31 mm vas and constant punctuation of 81. Two of these patients were partial tenderness of the supraspinate tenders and three of them would have tendonitis and compression. The authors conclude that, although it is a preliminary study, there was a beneficial effect in the long term related to pain and functionality with the muscle training program Excellent painful for supraspinatus and deltoids. They Also declared to continue with monitored studies in order to reproduce the obtained results25. Bernhardsson et al.26 published a study aimed at assessing the excessive training effect on pain intensity and shoulder functionality in patients with underwater compression. It is a kind of self -controlled study before and after, with a formation program in the home of supervised exercises and supported by visits to a physical therapy. 10 patients were included with an average age of 54 â ± 8.6 years, with an average pain of 12 ± 9.1 months. They Underwent the Strengthening Program for 12 Weeks; Initial Pain Intellige was Measure With Vas, and Function with the Patient-Specific Functional Scale, The Constant Scale and Quality of Life Using the Western Ontario Rotator Cuff Index. The authors reported that pain intensity decreased significantly by 8 out of 10 = = p(sotnup 96 a 44 ed etnemavitacifingis ³Ãtnemua tnatsnoC ed aidem n³Ãicautnup aL .orbmoh led n³Ãicnuf us ne aÃrojem noreiv setneicap sol sodot y and the average scoring of the western Ontario Rotate sleeve increased from 51 to 71% (p = 0.021). The authors concluded that a strengthening training program with ex -structural exercises for the rotating sleeves and scapular wa Correct movement26.Camargo et al.27 reported a series of cases aimed at evaluating the benefits of excessive training for shoulder abductors related to pain, the physical-functional condition and the isocination performance during the hijack subject of subjects with subacromial compression syndrome. Twenty patients were included, with an average pain of pain of 2.8 â ± 2.9 years. Five evaluations were carried out, a baseline (0) and four subsequent evaluations. For the evaluation of functionality, the Dash questionnaire was used and previously validated in patients with underwater compression. In the first place, both shoulders were evaluated with an isocinical dynamimeter, registering the maximum rate of 5 repetitions. The exercise protocol was carried out twice a week, every two days, in the same position as the evaluation, in a training range of 60 ° (20 ° -80 ° °). For each training day, 3 sets of 10 repetitions were made with a 3 -minute rest permit between each set. As a result, the authors reported statistically significant differences in relation to the effect measured by the Dash scale. No differences were found (p = 0.25) between evaluations 1 and 2. However, evaluation 4 showed lower values compared to evaluation 1 (p

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