

The scapulae slide on the posterior thorax, roughly from T2 to T8. It has no direct bony attachment with the axial skeleton. Enveloped by muscle, it glides over the fascia-covered thoracic wall during upper limb movement (scapulothoracic motion). Bursae have been reported between the thorax and the scapula; so has bursitis. The scapula is dynamically moored to the axial skeleton by the six **muscles of scapular stabilization**. These muscles make possible considerable scapular mobility and, therefore, upper limb mobility. Note the roles of these six muscles in scapular movement and note how the shoulder and arm are affected. The **pectoralis minor** assists the **serratus anterior** in protraction of the scapula, such as in pushing against a wall; it also helps in depression of the shoulder and downward rotation of the scapula. Consider the power resident in the serratus anterior and *trapezius* in pushing or swinging a bat. Note the especially broad sites of attachment of the **trapezius** muscle. This muscle commonly manifests significant tension with hard work—mental or physical. A brief massage of the upper and mid back (*trapezius*) often brings quick relief.