

Examination of the Shoulder Complex

Diagnosing the problem by reading the signs and symptoms

Planning Strategy **Goals** Develop Ideas

Observation of Posture

Examination of the patient with shoulder pain

(a) Observation from behind.

Look for wasting or asymmetry of shoulder height, scapular position and muscle bulk

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Lateral Slide Test

Measurements are taken on each side from the inferior medial tip of the scapula to the nearest spinous process in three different positions –

- arms by side,
- hands on hips,
- arms abducted to 90 degrees and maximally int. rotated

Planning Strategy Develop Ideas

Active Movements

Elevation **Ext Rotation**

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Gerber's 'Lift Off' Test



Resisted Movements
- subscapularis lift off test (Gerber's test).

Push away from the spine against resistance.

Planning

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Strategy

Ideas

Speed's Test



Forward flex the shoulder against resistance while maintaining the elbow in extension and the forearm in supination.

Pain or tenderness in the bicipital groove indicates bicipital tendinitis.

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'Empty Can' Test



The 'empty can' position (90° abduction, 30° of horizontal flexion and full internal rotation).

This test may indicate supraspinatus pathology

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Ideas

Resisted Movements



Resisted Deltoid



Resisted Ext. Rot's

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Yergason's Test



Elbow flexed to 90° and the forearm pronated.

Examiner holds the patient's wrist to resist active supination.

Pain in the bicipital groove is a positive test for biceps injury.

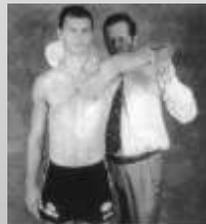
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Neer's Test



Forced elevation of the humerus while holding the other hand on the top of the shoulder girdle.

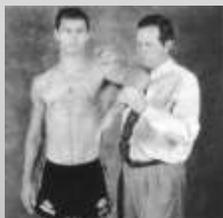
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Hawkins-Kennedy Test



Shoulder is placed in 90° of forward flexion and then forcibly internally rotating the shoulder.



Load and Shift Test



The right humeral head is grasped with the right hand, while the left hand stabilizes the scapula.

The right hand then loads the joint to ensure concentric reduction, and then applies anterior and posterior shearing forces.

The direction and translation can be graded using a scale of 0 to 3.



Apprehension Test



This is performed with the humerus in 90° of abduction, 90° elbow flexion and external rotation of the shoulder.

The examiner exerts gentle pressure into progressive external rotation.

A positive test is when the patient feels a sensation of impending dislocation.



Apprehension-Relocation Test



With the patient supine the arm is taken into abduction and external rotation.

The test can be augmented by pushing the humeral head anteriorly from behind.

The relocation test is performed by pushing posteriorly on the upper part of the humerus.

The relocation test is positive if the apprehension or pain is relieved.



Sulcus Sign (in lying)

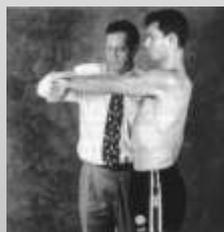


Inferior instability is tested with the examiner placing inferior traction with pressure onto the shoulder joint at the elbow.

A positive test is when the humeral head is translated inferiorly such that a visible sulcus appears between the acromion and the humeral head (the 'sulcus sign').



O'Brien's Test



The patient's shoulder is held in 90° of forward flexion, 30 to 45° of horizontal adduction and maximal int. rotation.

The examiner grabs the patient's wrist and resists the patient's attempt to horizontally adduct and forward flex the shoulder.



Crank Test



The patient's shoulder is abducted 90° and slowly internally rotated while a gentle axial load is applied through the glenohumeral joint.

The test is considered positive if the patient reports pain, catching, or grinding in the shoulder.

Planning

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When All is Done



Goals

Any Questions?



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Ideas

Goals