OBJECTIVE: Competence in performing a shoulder examination(1, 2)

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| --- | --- | --- |
| Shoulder Exam | Competent | Comment |
| Inspection |  |  |
| From the front | □ |  |
| * prominent sternoclavicular joint |  |  |
| * prominent acromiclavicular joint |  |  |
| From the side - swelling of the joint | □ |  |
| From behind - scapulae normally shaped and situated | □ |  |
| From above | □ |  |
| * swelling of the shoulder |  |  |
| * deformity of clavicle |  |  |
| * asymmetry of supraclavicular fossae |  |  |
| Palpation |  |  |
| * anterior and lateral aspects glenohumeral joint | □ |  |
| * upper humeral shaft and head via axilla | □ |  |
| * acromioclavicular joint | □ |  |
| Movements |  |  |
| Abduction & Adduction - both arms noting: | □ |  |
| * range of movement | □ |  |
| * pain | □ |  |
| Flexion | □ |  |
| Extension | □ |  |
| Rotation screening |  |  |
| * place arm behind opposite shoulder blade | □ |  |
| * ask patient to draw hand away from back | □ |  |
| * place both hands behind neck | □ |  |
| * compare two sides | □ |  |
| * crepitus - - place hand over shoulder, abduct arm | □ |  |
| Special tests |  |  |
| Rotator cuff |  |  |
| * abduction and drop arm test- lift pt’s arm abduct and ext rotate, at 90 deg, release, if drops, +ve for supra and infraspinatus, * teres minor & infraspinatus test | □ |  |
| * Neer impingement sign- depress scapula, internally rotate arm , forced flexion, anterior pain subacromial , posterior pain internal impingement | □ |  |
| * Hawkin’s test – rest your arm across the other shoulder, elbow flexed, internally rotate- - subacromial bursitis if +ve, 80 % sensitivity, 60% specificity |  |  |
| * Lift off test –subscapularis testing, check power | □ |  |
| Anterior glenohumeral instability |  |  |
| * apprehension test- patient supine, abduct arm ,add gradual ext rotation until pain or fear of subluxation | □ |  |
| Posterior glenohumeral instability |  |  |
| * apprehension test- supine, 1 hand support behind scapula, 90 dg flexion arm, adduct and int rotate with axial loading | □ |  |
| Inferior glenohumeral instability- arm by side, grab elbow and pull distally. if sulcus present under acromion +ve ( if unilateral, some ppl have both sides – not pathological) |  |  |
| * sulcus sign | □ |  |
| Biceps tendinitis & sup labral tear- speed test (weak test)- extend elbow, flexed arm to 90 deg then resistance from examiner | □ |  |
| Yergasson’s test – arm by side, palpate bicipital groove, resisted supination |  |  |
| Integrity of the long head of biceps /subluxation | □ |  |
| Deltoid power |  |  |
| Suprascapular nerve |  |  |
| * supraspinatus | □ |  |
| * infraspinatus | □ |  |
| Long thoracic nerve |  |  |
| * lean with both hands against the wall | □ |  |
| Axillary nerve and NV status distally | □ |  |

**Reference:**

Edited by Dr Amanjeet Toor

1. Cleland J, Koppenhaver S, Su J. Netter's orthopaedic clinical examination: an evidence-based approach: Elsevier Health Sciences; 2015.

2. Wheeless III C. Shoulder: Physical exam. Wheeless’ textbook of orthopaedics Retrieved from <http://www> wheelessonline com/ortho/shoulder\_physical\_exam. 2010.