SHOULDER EXAMINATION

Pain: Where: to the deltoid insertion
   How long? Continuous
   Night pain
   How does it affect you? Work
   Sleep
   ADL
   Disabilities: Bra, hanging out clothes.
   Reach top shelf, carrying weight

Any weakness and tingly in the hand
Previous treatment: medication, Steroid injections
Co-morbidities: Diabetes, Chronic renal failure, Coronary problem

A. Inspection
Front   Sterno-Clavicular joint,
       Clavicle
       Supraclavicular region,
       Acromio-clavicular joint,
       Deltoid contour

Lateral   Deltoid musculature
          Position of the humeral head

Back      Supraspinatus and infraspinatus fossa

Any Scar
Any deformity of biceps muscle
Look for any elevation of the scapula: Sprengel’s shoulder

Front   Lateral   Back
B. Palpation

Warmth, Tenderness (Impingement)
Feel all bony prominences and joint [Sterno-clavicular and Acromio-clavicular]
acromion, greater tuberosity
Biceps tendon is felt 4 cm below the acromion with shoulder in 15° of internal rotation.

C. Range of Movement

First perform active movements and then passive movements.
If there is disparity between passive movement and active movement i.e., passive more than active then a “lag of movement is present”. This means either tendon is tore or muscle is paralyzed.

Abduction of the shoulder
Examiner stands behind the patient
Watch for the range
Rhythm [Glenohumeral or Scapulothoracic]
Look for any early winging as in
Shoulder dyskinesia

Normal: Abduction ,180 ° [Rhythm: 2:1 ]

How to isolate abduction occurring at glenohumeral joint?
Examiner stands behind the patient
Stabilize the inferior pole of the scapula
Now ask to abduct
All abduction now occurs at the gleno-humeral joint

Other movements

Normal Flexion 180 °
External rotation 45 °
Internal rotation up to T6

Flexion      External rotation         Internal rotation
D. Muscle tests

**Supraspinatus**
- 90° Flexion of the shoulder
- 30° abduction of the shoulder
- 0° at the elbow
  - Thumbs down
  - Resistance against the forearm

**Infraspinatus**
- Arms close to the chest
- Elbow at 90°
- Examiner’s hand against the forearm
- Forceful external rotation

**Subscapularis** [Belly test or Lift off test]

**Lift off test**
- Should be done only if internal rotation is possible
- Ask the patient to take back of the hand first; Make sure arm is well adducted
- If he can: test the strength

![Lift off test](image1)
![Belly test](image2)

**Belly press test** [Napoleonic Sign]
- It is the test for Subscapularis when internal rotation is limited
- Make sure elbow stays anterior and the wrist stays straight
- Forceful internal rotation against examiner’s hand

![Belly press test](image3)
**Biceps**
Proximal biceps tear may be a part of rotator cuff tear.

**Yargason’s test**
Arm close to the chest
Elbow in 90° of flexion
Supination of the forearm
Examiner tries to pronate forearm against resistance

**Speed test**
Elbow straight and shoulder 90° of flexion
Resistance of upward pull of supinated forearm and extended elbow

**Abott Sander’s test**
can be determined by passively abducting the shoulder to 80 to 90 degrees and eliciting a palpable snap in the region of the bicipital groove with internal and external rotation
This is a rare presentation as an isolated entity, and it usually indicates a lesion to the superior fibers of the subscapularis tendon, or the SGHL
**Painful arc syndrome**
Active abduction
Gets pain between 60 to 120°
Pain at terminal abduction is absent
Pain can be abolished by local anesthesia

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**Neer’s Impingement Sign**
Forward flexion of the shoulder
by the examiner
Shoulder in external rotation
Note any pain due to impingement of the cuff

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**Hawkins sign**
Flexion of the shoulder to 90° with shoulder in 90°
internal rotation
Elbow at 90°
Passive further internal rotation causes pain
Positive in cuff problems

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**O Brien’s test**
Forward flexion of 90° and internal rotation of the shoulder ; Elbow 0 °
Resist downward push by the examiner’s hand.
A-CL pathology: Pain at Acromioclavicular joint which disappears in external rotation.
Cross chest sign [Elman’s test]
Pain on abduction the shoulder to the opposite side with shoulder in internal rotation.
It is positive in Acromioclavicular joint arthritis

Instability signs
1. Apprehension sign
   **Anterior dislocation**
   Patient supine
   Shoulder in 90º Abduction, some extension and internal rotation
   Look for apprehension

   **Jobe’s Relocation sign**
   First perform apprehension test.
   Apprehension disappears with posteriorly directed force on the front of the shoulder

2. Apprehension sign for
   **Posterior dislocation**
   Patient supine
   Shoulder in 90º flexion and internal Rotation and slight adduction
   Look for posterior instability
2. Anterior Drawer Test
Stability is assessed by translating the humeral head in the glenoid fossa anteriorly, posteriorly.
This can be tested with the arm in varying degrees of abduction and rotation.

E. Other assessment
Winging of scapula
Distal Neurovascular status
Thoracic outlet syndrome: Adson’s test, Roos’s test
Cervical sine assessment
Adson’s test