

O BRIEN'S TEST

Patient's arm: Forward flexion of 90° and internal rotation of the shoulder; Elbow 0°

Resist downward push by the examiner's hand.



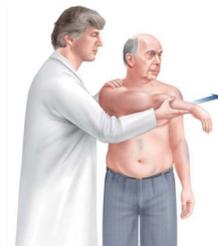
In Acromioclavicular pathology: Pain at the joint, which disappears in external rotation. In case of SLAP lesion pain persists.

In ACJ pain is localised at the joint; in slap pain is well inside the shoulder joint.

CROSS CHEST SIGN [ELLMAN'S]

Pain on adduction the shoulder to the opposite side with shoulder in internal rotation.

It is positive in Acromioclavicular joint arthritis



SHOULDER INSTABILITY

1. APPREHENSION SIGN ANTERIOR DISLOCATION

Patient supine

Shoulder in 90° abduction and external rotation and slight extension

This creates apprehension means there is anterior instability

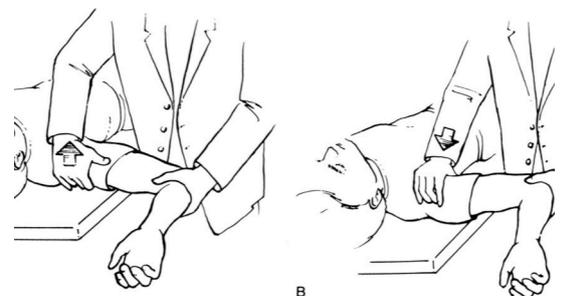


2. JOBE'S RELOCATION TEST

A follow up test to the apprehension test

Here, a direct posterior force is applied to the front of the shoulder. This eliminates the associated pain or apprehension.

Release test: as above and now release posterior directed force to see whether the patient's apprehension returns



3. APPREHENSION SIGN FOR POSTERIOR DISLOCATION

Patient supine

Shoulder in 90° flexion and internal

Rotation and slight adduction

Examiner gives posteriorly directed force

Look for any pain or apprehension



4. ANTERIOR DRAWER TEST

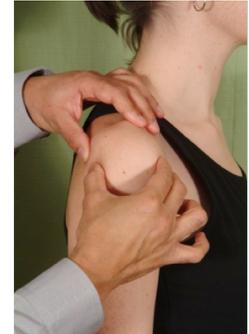
Patient sitting, the arm hanging loosely at the side

The examiner holds patient's scapula with the left hand and with the left hand and grasps coracoid and scapular spine

The examiner then grasps the proximal humerus between thumb and fingers of the right hand.

To assess anterior laxity, the examiner gently pushes the humeral head as far forward as possible.

As there considerable variation in laxity always compare with the normal side.



Most normal individuals exhibit greater posterior than anterior laxity ie, the humeral head can be translated anteriorly approximately 25% of the width of the glenoid and posteriorly about 50% of the width of the glenoid. If laxity is more than this as well as more than opposite side may suggest a possibility of clinical instability.

5. INFERIOR LAXITY [NEER'S TEST]

The sulcus sign demonstrates inferior laxity of the shoulder.

Technique: Patient standing, relaxed; examiner pulls patient's arm and observes at the lateral boarder of the patients acromion.

A hollow or sulcus is visible between the lateral edge of the acromion



