

Shoulder Examination

If the patient is less than 30, instability is the probability diagnosis. 30-50 year olds are likely to have impingement or cuff problems. Patients over 50 are most likely to have osteoarthritis or large cuff tears.

Look

- Front (In anatomical position): Shoulder and Biceps contour and wasting
- Side: Ask patient to lift their arm
- Back: Infraspinatus and supraspinatus fossae

Feel

- Acromioclavicular joint
- Anterior humerus where the biceps tendon should be
- Also: SC joint, AC joint, lateral acromion, supraspinatus fossa, infraspinatus fossa

Move

- External Rotation: "Tuck elbows in, rotate out". First loss in frozen shoulder, lost with infraspinatus tear
- Forward Flexion: Raise hands as high as possible
- Abduction: ROM, height, painful arc (impingement, supraspinatus tendinosis)
- Internal Rotation: Ask patient to run thumb up back as far as possible, test good and bad.
- Power
 - Subscapularis: Ask patient to put their hand on their chest, and resist you pulling their arm off their chest
 - Supraspinatus: flexion with hands out
 - Deltoid: Bring arm out slightly, then ask them to push against (initial movement isn't deltoid)
 - Biceps: Supinate, then flex arm to 40-50°. Push against arm and feel for tendon

Special Tests

- Hawkin's Test (for impingement): Elbow at 90°, flex shoulder, tip arm in
- Scarfe's Test (for painful AC joint): adduct arm and palpate the AC joint -> painful with palpation
- O'Brien's test (for strap tear): flex shoulder (straight elbow) with thumb pointed down. If this is painful, and pain is relieved by moving thumb up, then test is positive.

Can finish the examination with a screening examination of the neck, as well as neurological examination of the upper limbs, including peripheral nerves.