

Shoulder Examination

If the patient is <30, instability is the probability diagnosis. In 30-50 year olds, impingement or cuff problems are common. Patients >50 are most likely to have osteoarthritis or large cuff tears.

Look

- Look for scars, colour changes, signs of inflammation, obvious deformity and muscle wasting
 - Front (*in anatomical position*): Shoulder and Biceps contour and wasting
 - Side: Ask patient to lift their arm and inspect the axilla
 - Back: Infraspinatus and supraspinatus fossae

Feel

- Stand behind the patient and start with the fingers over the SC joint, then palpate one side at a time medially to laterally, ensuring to be specific about which structures are palpated
- Bony landmarks: SC joint, Clavicle, AC joint, Coracoid Process, Acromion, Greater Tuberosity, Lesser Tuberosity, Spine of Scapula, medial border of Scapula
- Soft Tissue landmarks: Bicipital groove, Supraspinatous and Infraspinatous Fossae

Move

- Ask patient to raise hands as high as possible forwards
- Ask patient to bring their hands above their head as if diving into a pool, looking for hitching, decreased ROM, painful arc
- Ask patient to put their elbows against their sides with hands out at 90°
 - **Infraspinatus**: Ask patient to rotate hands outwards against resistance (first loss in Frozen Shoulder)
 - **Supraspinatus**: Ask patient to bring elbows away from their body against resistance
 - **Subscapularis**: Ask patient to bring their hands toward their chest: Subscapularis
- **Deltoid**: Abduct arm slightly, then ask them to raise the arm further against resistance
- **Biceps**: Supinate, then flex arm to 40-50°. Push against arm and feel for tendon in Bicipital Groove
- If active movement is limited in any direction, test passive movement. If both are limited to the same degree, this makes frozen shoulder more likely

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 for pain
- **O'Brien's Test** for SLAP Lesion: flex shoulder (straight elbow) with thumb pointed down. If this is painful, and pain is relieved by moving thumb up, then test is positive.
- **Anterior Apprehension**: abduction, external rotation and extension with posteriorly applied pressure on the GHJ
- **Sulcus Sign**: Inferior instability test

A full examination is not complete without assessment of the neurovascular status of the limb in question. A shoulder examination can also be extended with an examination of the neck if the clinical picture suggests it is necessary.