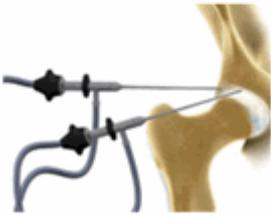


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Examination of Shoulder Joint My Way

I enjoy the stimulus of teaching I believe it benefits the tutor as well as the student I consider it an integral and vital part of my own continuing education.

There are numerous ways to examine a Shoulder

The following method is my way of doing a systematic, thorough but efficient examination, I have tried to keep it simple so it can reproduced without a hitch. I do not claim it is a complete process but certainly one that will give a lot of information.

Introduction

As always, wash your hands, explain the examination and gain informed consent. Always let the patient know what you are about to do, show them what you want them to do repeat instructions and respect their individuality.

Follow the old age algorithm, Look, Feel Move.

Start by examining the neck to make sure there is no referred problem

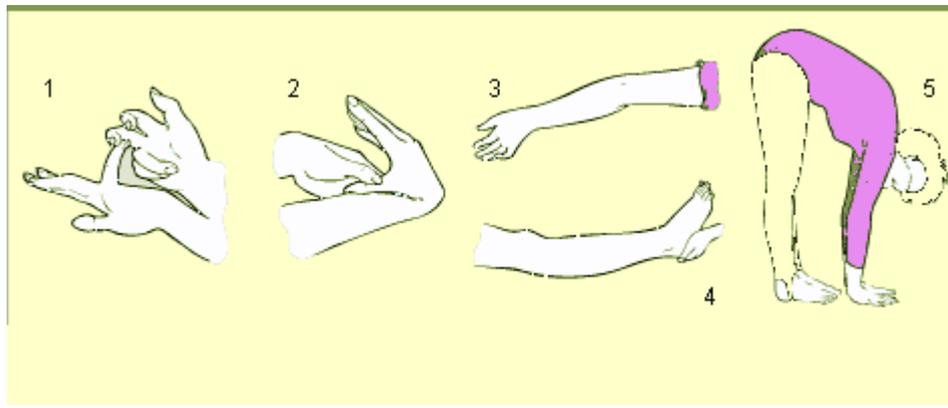


Rotation



Spurlings Test

Make sure to assess multiple joint laxity as part of examination. (Beightons Criterion)



Start by observing the shoulder joint looking from the back, side and front for any scars, deformities or muscle wasting. Also compare both sides for symmetry.

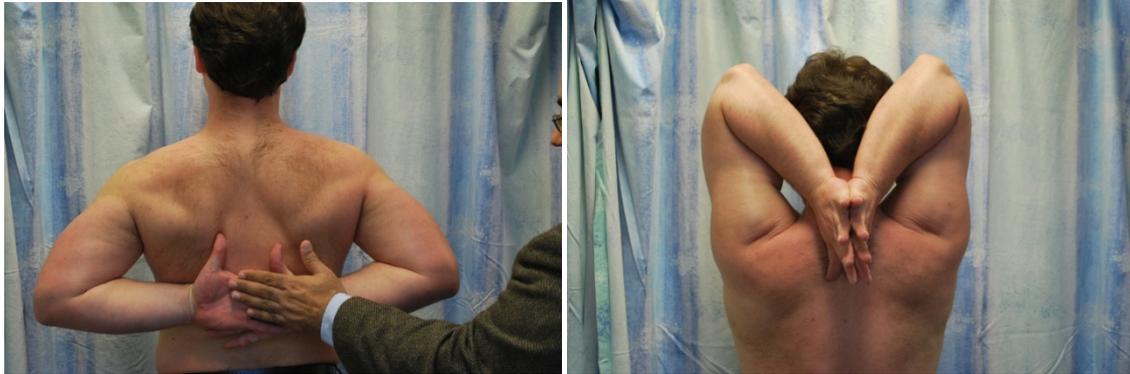


Deltoid wasting



Clavicle Prominence

With the patient still stood, you should perform two quick and easy function tests. This involves the patient placing their hands behind their head and behind their back. This checks that they can perform everyday tasks.



The movements of the joint should start being performed actively. Ask the patient to bring their arm forward (flexion), bend their arm at the elbow and push backwards (extension), bring their arm out to the side and up above their head (abduction), flex the elbow and tuck it into the side and move the hand outwards (external rotation) and finally see how far they can place their hand up their back (internal rotation).



Forward Flexion



Forward Flexion



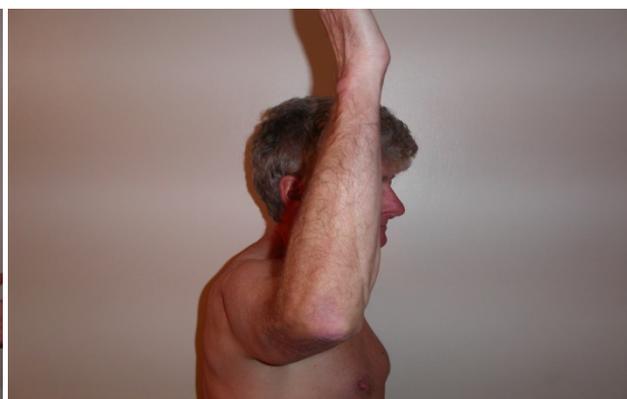
Extension



Abduction



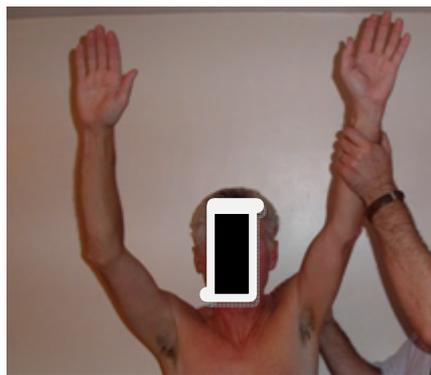
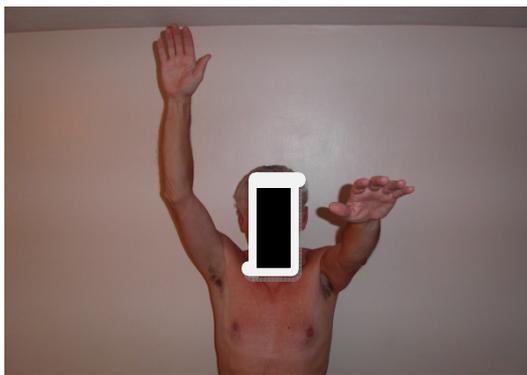
Adduction



External Rotation



Internal Rotation



Check all movements passively if active movement decreased

There are three special tests which can be performed on the shoulder. These are the impingement test, the apprehension test and the assessment of Rotator cuff.

Impingement Tests.

- **Supraspinatus stress test**

Elevation of arm in forward flexion of 30 degrees in scapula plane with thumb pointing down



- **Hawkins Test**

Arm raised anteriorly to 90°, elbow bent. Placing in internal rotation will revive pain in the case of anterosuperior or anterointernal impingement.



- **Neers Sign**

The examiner blocks the scapula to avoid its rotation while he suddenly raises the arm forward in maximum internal rotation which will revive the pain. The sedation of pain during arm raising by injecting 10 cc of Xylocaine® at 1% in the subacromial bursa will confirm the diagnosis (Neers Test.)



- **Scarf Test**

Cross-body adduction test (arm crossed). This test is positive when it revives the acromioclavicular pain which the patient complains of.



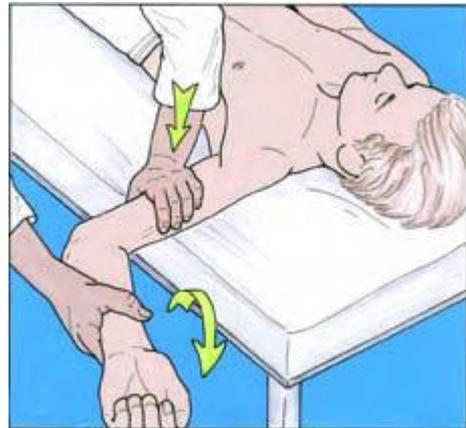
Scarf Rest / Crossover sign



Scarf Rest

Apprehension Test.

All apprehension tests are designed to place the humeral head in a position of imminent subluxation or dislocation, which makes the patient recognize the familiar pattern of instability, and react with anticipated fear. This test is designed to reproduce the position of instability. It is the oldest of the apprehension tests. The examiner places the arm in extreme abduction and external rotation, which may cause apprehension



Anterior Apprehension and Relocation

The posterior apprehension assesses the posterior instability where the arm is hyper extended in adduction the relocation test is abduction when pain appears or there is apprehension.



Rotator Cuff Tests.

Examine from front back and sides ask the patient to move both arms forward to assess scapular rhythm, in a painful or stiff shoulder it moves a lot early and gives impression of raising of shoulder. Also patient with impingement have a painful arc.



Pain full arc

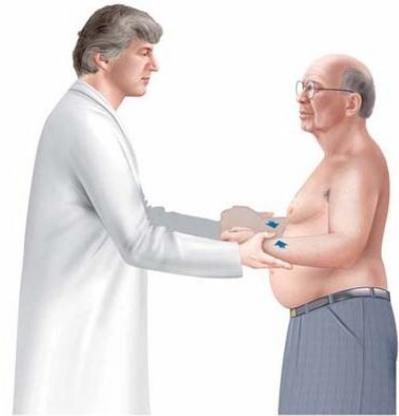


Rhythm of scapula

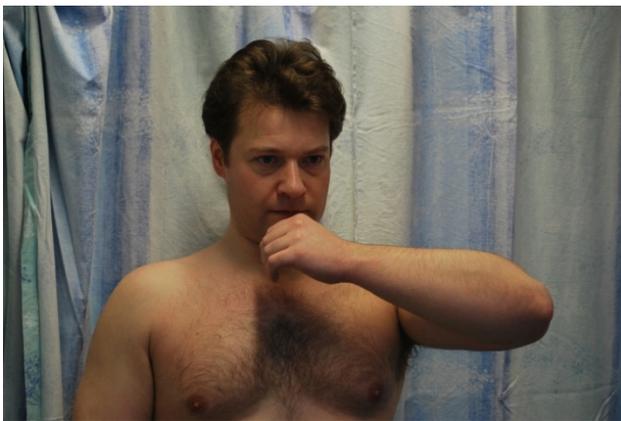
The supraspinatus is tested with internal rotation and forward flexion in 30 degrees in the scapula plain against resistance. (Jobes Test.)



Infraspinatus and teres Minor are assessed together by checking external rotation against resistance, if weak then can be assessed individually by Hornblowers sign and External rotation lag sign.

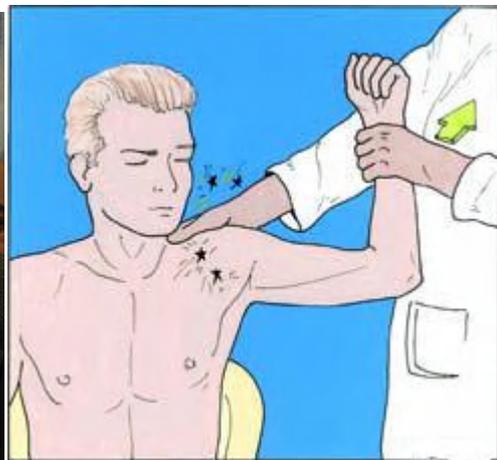
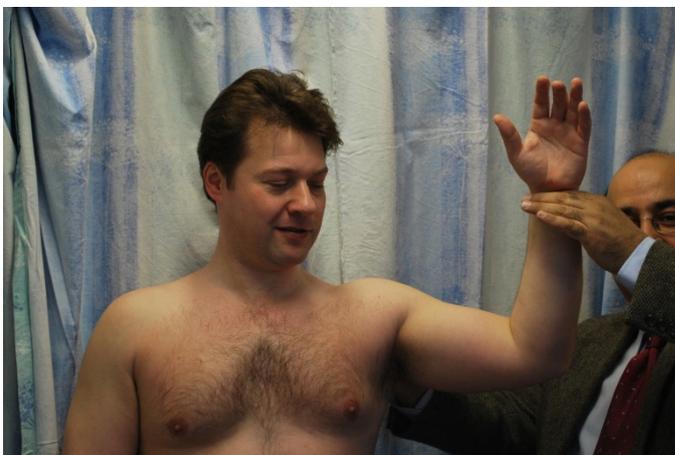


Resisted external rotation



In absence of teres minor the elbow is raised

Hold the arm in abduction at 90 and external rotation at 90 when let go the arm cannot be held and the arm falls.



The belly-press test (also called Napoleon’s test by many authors) was suggested by Gerber to test the Subscapularis in patients with limited internal rotation. The patient, whose hand is placed on the stomach, wrist straight and elbow detached from the chest, is asked to press strongly on the stomach with the hand while keeping the forearm in line with the hand and the detached elbow. The test is positive and means a tear in the Subscapularis when the patient who tries to press on his stomach cannot maintain his elbow forward and can only exercise abdominal pressure by a repulsion of the arm and by bending the wrist. Laurent Lafosse (Lafosse *et al.*, 2007) provides an interesting modification to the belly-press test by asking the patient to carry out the maneuver on both sides at the same time and by the examiner pressing on the elbows. This way the evaluation is comparative and enables the weakness of the muscle to be “quantified”.



To complete the test the biceps need to be assessed proximally , if it has a tear it is assessed by speeds test i.e. pain on resistance in abduction with palm facing top.



The distal biceps will be assessed with the elbow.

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An illustration of a knee joint with several surgical instruments, including a retractor system and a drill, positioned around it.

