

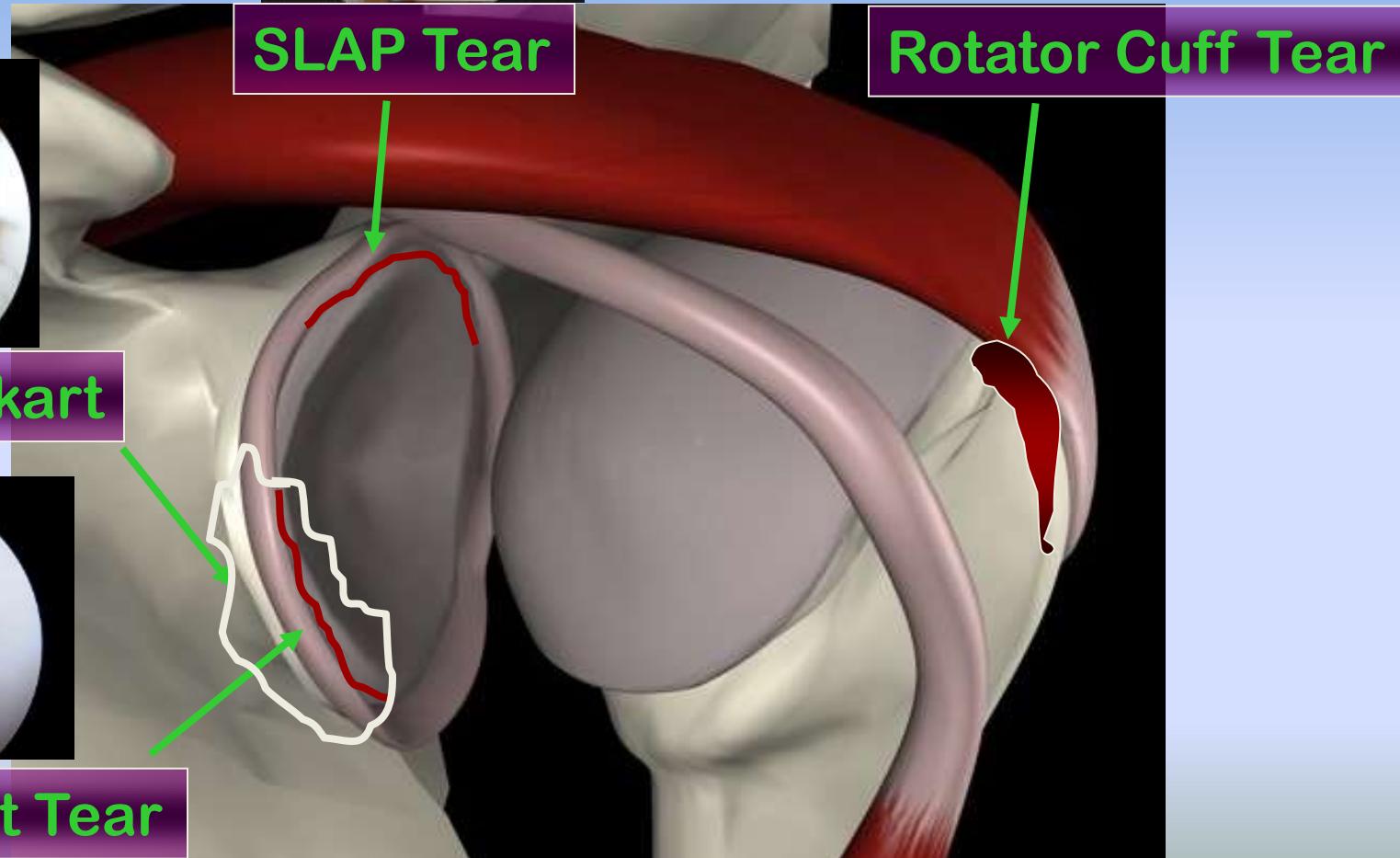
Clinical examination in shoulder disease

M. N. Naderi

Fellowship in Shoulder surgery



Pathological Lesions



Shoulder assessment

- **History**
- **Look , Feel**
- **Movement**
- **Clinical test**

- **Common shoulder problems:**
 - Pain
 - Stiffness
 - Instability
- 1. **Rotator Cuff**
- 2. **Glenohumeral joint**
- 3. **Acromioclavicular joint**
- 4. **Clavicle**
- 5. **Neck**

Shoulder assessment

- **History**
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- **Common shoulder problems:**
 - Pain
 - Stiffness
 - Instability

When ?

How ?

Degree ?

Accompanying symptoms ?

Shoulder assessment

- *History*
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- Asymmetry, scars, deltoid wasting, SCJ or ACJ deformity, swelling of the joint
- Look and feel for rotator cuff wasting, scapula shape and situation



Shoulder assessment

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Seek for signs of generalized laxity

Beighton Score

- Normal for young adult ranges from 4-6.
- A score above 6 indicates hypermobility



Shoulder assessment

- *History*
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- Always examine the Cervical spine first
- Move both arms at the same time
- Active then passive ROM
(FF , IR , ER)



Shoulder assessment

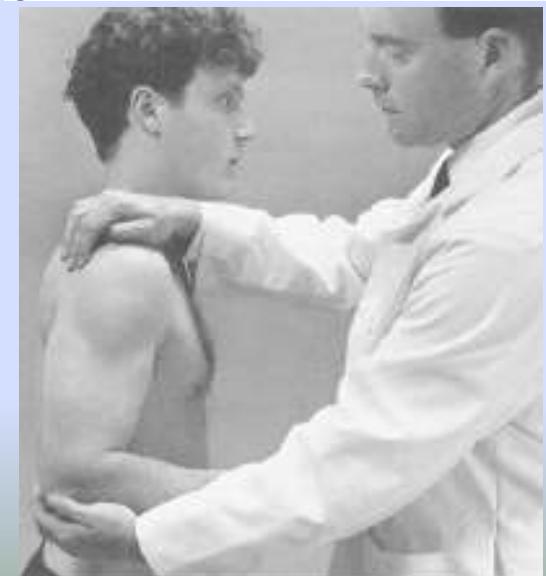
- *History*
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- **Subacromial Impingement**
- **Rotator cuff Integrity**
- **Deltoid**
- **Serratus anterior**
- **AC Joint**
- **Biceps**
- **Instability testing**

Shoulder assessment

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Deltoid muscle



Shoulder assessment

- *History*
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Serratus anterior

- **Winging test**

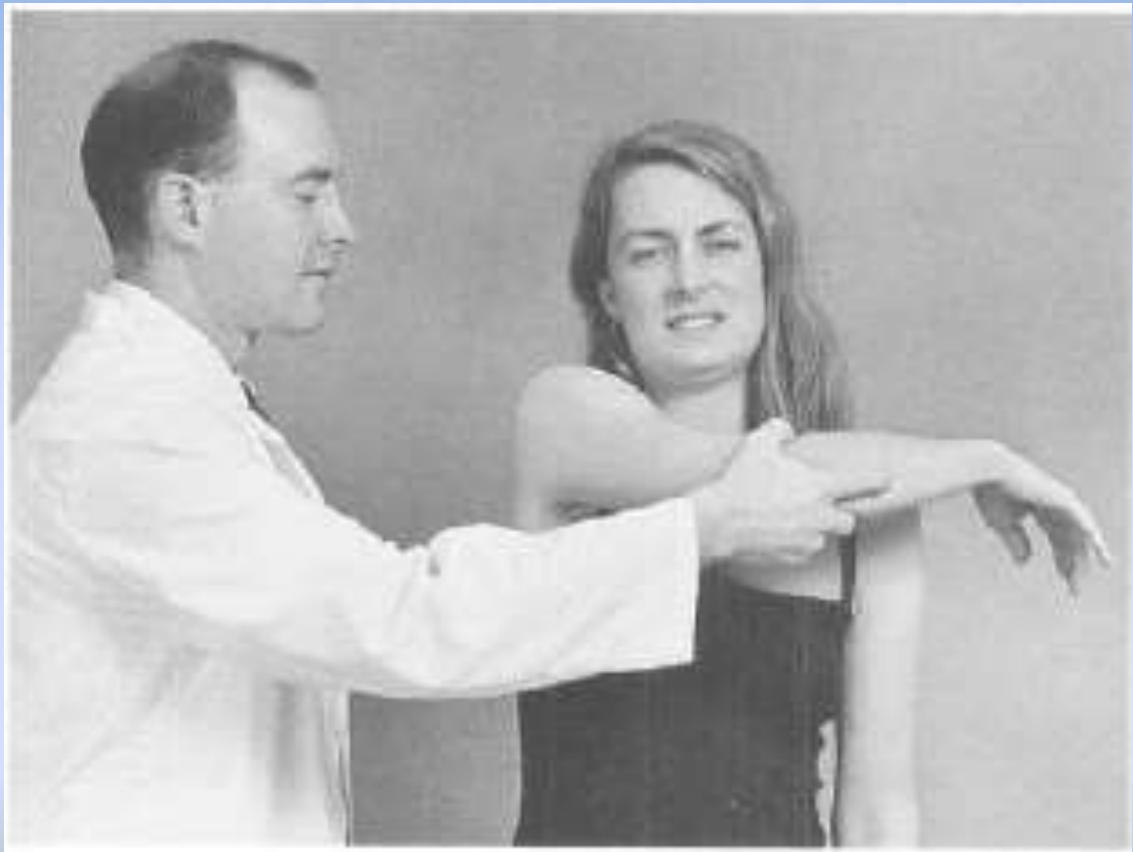


Shoulder assessment

- *History*
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AC Joint

- **Cross body adduction test (Scarf test)**



Shoulder assessment

- **History**
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Biceps

- Speed's test
- Yergason's test



Popeye sign

Shoulder assessment

- *History*
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- *Movement*
- *Clinical test*

Biceps

- **Speed's test**
- **Yergason's test**



Shoulder assessment

- *History*
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Biceps

- Speed's test
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Shoulder assessment

- **History**
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SLAP lesion

- O'Brien test (active compression test)



(O'Brien SJ, et al. The active compression test: a new and effective test for diagnosing labral tears and acromioclavicular joint abnormality. Am J Sports Med. 1998 Sep-Oct;26(5):610-3.)

Shoulder assessment

- *History*
- *Look , Feel*
- *Movement*
- *Clinical test*

- **Instability testing**
 - Laxity tests
 - Stability test



Shoulder assessment

- *History*
- *Look , Feel*
- *Movement*
- *Clinical test*

Laxity Test

- **Sulcus sign**
 - In neutral
 - In 45 Abduct
- **Gagey's hyperabduction test**
- **Drawer Test**



Shoulder assessment

- *History*
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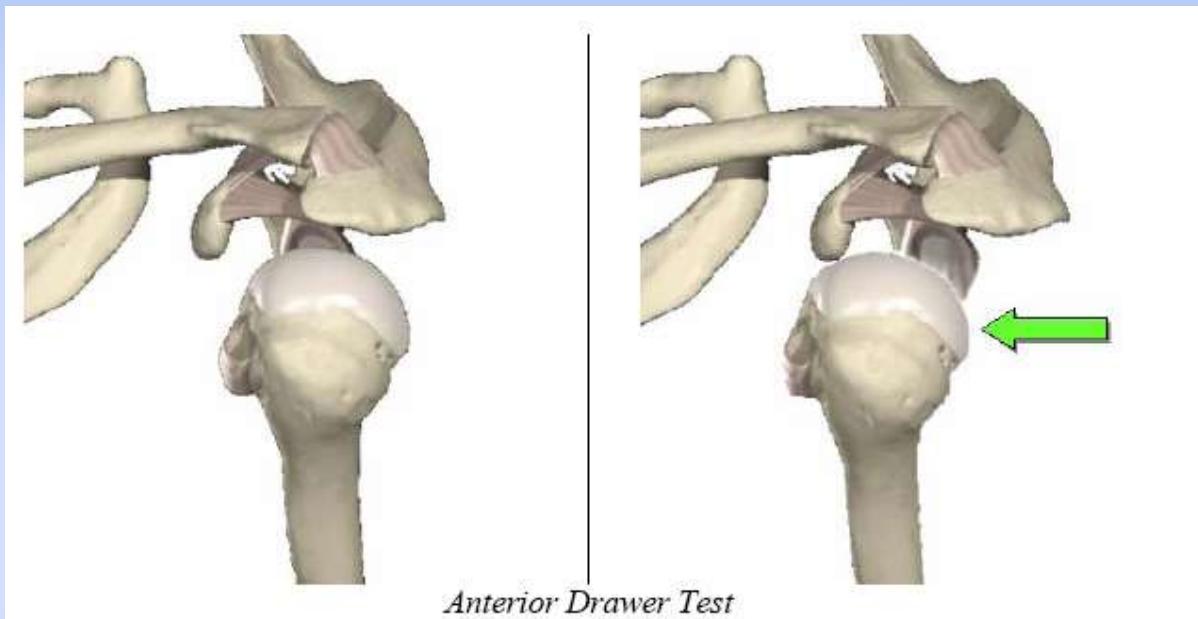


Shoulder assessment

- **History**
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Hawkins and Bokor :

<u>Laxity Grade</u>	<u>Description</u>
• Normal	Mild Translation (0-25%)
• Grade 1	Feeling of Head riding onto rim (25-50%)
• Grade 2	Head over rim, reduces spontaneously (>50%)
• Grade 3	Head over rim, remains dislocated



Hawkins RJ, Bokor DJ. Clinical evaluation of shoulder problems. In: Rockwood CA Jr, Matsen FA III, editors. The shoulder . 2nd ed, vol 1. Philadelphia: WB Saunders; 1998. p164 -97

Shoulder assessment

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Stability Test

- **Apprehension Test**
 - Ant.
 - Post. (Jerk or Clunk test)



Rowe CR, Zarins B. Recurrent transient subluxation of the shoulder. J Bone Joint Surg Am.1981; 63:863 -72.

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Stability Test

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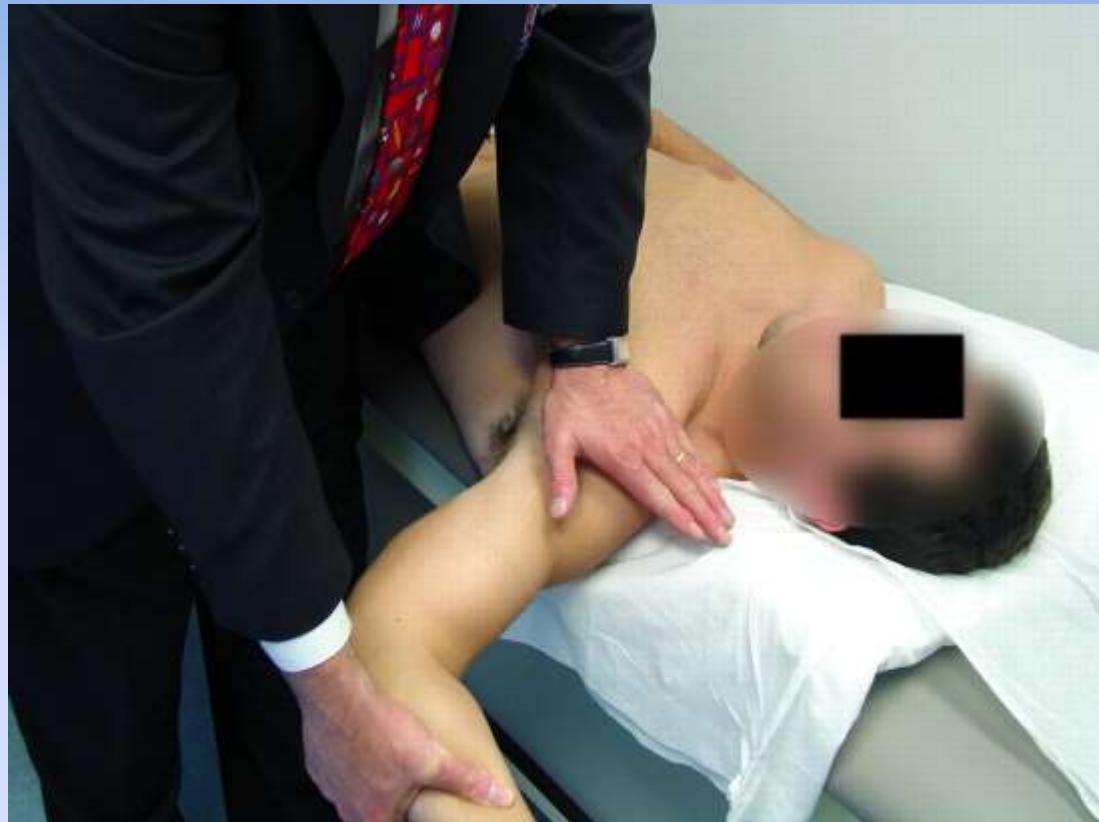


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Stability Test

- **Relocation test (Jobe)**



Jobe FW, Kvitne RS, Giangarra CE. Shoulder pain in the overhand or throwing athlete. The relationship of anterior instability and rotator cuff impingement. Orthop Rev.1989; 18: 963-75. Erratum in: Orthop Rev. 1989;18:1268.

- ***History***
- ***Look , Feel***
- ***Movement***
- ***Clinical test***

Summary

- ❖ ***Don't forget to examine patient***
- Distinguish radicular pain from shoulder pain (notice neck problems)
- Distinguish secondary impingement from primary impingement
- Rule out scapular dysfunction

Thank you for attention