Checklist for Physical Examination of the Shoulder
Musculoskeletal Block – Chris McGrew MD, Andrew Ashbaugh DO

This handout is for use as a “rough” guide and study aid. Your instructor may perform certain maneuvers differently than depicted here. I acknowledge that this may be frustrating, but please try to be understanding of this inter-examination variability.

A. Inspection
--Symmetry, erythema, ecchymosis, swelling, deformity, muscle atrophy (deltoid, infraspinatus), scapular winging

B. Palpation
1) Warmth
2) Landmarks / Tenderness: SC joint, clavicle, AC joint, edge of acromion, acromion, spine of scapula, bicipital groove, greater tuberosity of humerus, common myofascial trigger points (trapezius, levator scapulae, rhomboids, supraspinatus)
C. Range of Motion

1) Cervical Spine: flexion, extension, side bending, rotation (remember: cervical spine pathology can radiate or refer pain to the shoulder)
2) Shoulder: forward flexion, extension, abduction, adduction, internal and external rotation.

*Be able to tell the difference between AROM and PROM

1) Manual Muscle Testing (MMT)
   a) Demonstrate MMT for shoulder extension, flexion, abduction, internal rotation (subscapularis), external rotation (infrapsinatus), supraspinatus.
   b) Explain strength grading scale

2) Explain and/or demonstrate the examination of the distal vascular/neural status (eg: pulses, cap refill, gross sensation, 2 point discrimination)

<table>
<thead>
<tr>
<th>Grade</th>
<th>Ability to move</th>
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<tbody>
<tr>
<td>5</td>
<td>The muscle can move the joint it crosses through a full range of motion, against gravity, and against full resistance applied by the examiner.</td>
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<tr>
<td>4</td>
<td>The muscle can move the joint it crosses through a full range of motion against moderate resistance.</td>
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<tr>
<td>3</td>
<td>The muscle can move the joint it crosses through a full range of motion against gravity but without any resistance.</td>
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<tr>
<td>2</td>
<td>The muscle can move the joint it crosses through a full range of motion only if the part is properly positioned so that the force of gravity is eliminated.</td>
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<tr>
<td>1</td>
<td>Muscle contraction is seen or identified with palpation, but it is insufficient to produce joint motion even with elimination of gravity.</td>
</tr>
<tr>
<td>0</td>
<td>No muscle contraction is seen or identified with palpation; paralysis.</td>
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</tbody>
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C-5 Resisted Shoulder Abduction

C-6/7 resisted elbow flexion/extension

C-6/7 resisted wrist flexion/ext

T-1 resisted finger adduction

C-8 resisted finger flexion
Empty can (Jobes): supraspinatus

External rotation: infraspinatus/teres minor

Belly off test: subscapularis

Lift off test: subscapularis
E. Special Tests:
1) Impingment: Neer’s, Hawkin’s
2) Biceps/Labrum: Speed’s, Yergason’s, Obriens, Labral Crank
3) Instability: Apprehension, Relocation, Sulcus
4) Rotator cuff: Drop arm test, Ext Rotation Lag Test

Neer’s Test

Hawkins-Kennedy Test

Yergason’s Test

Speed’s Test
Obrien's Test

Labral Crank Test

Apprehension/Relocation Test

Sulcus Sign Test
F. Referred Shoulder Pain

Cervical Spine (disc disease)
Myofascial Trigger Points
Apical Lung Tumor
Myocardial Infarction / Angina (Left Shoulder)
Spleen Injury (Left Shoulder)
Gall Bladder Disease (Right Shoulder)
Carpal Tunnel Syndrome
G. Shoulder injections techniques: subacromial and glenohumeral

Posterior subacromial approach

Find posterior lateral border of acromion. Drop 1 cm down and slightly medial. Aim towards coracoid process. Keep needle flat without any angulation.

Posterior glenohumeral approach

Find posterior lateral border of acromion. Drop about 2 cm down. Needle should be between border of scapula and humeral head. Aim towards coracoid. Keep needle flat without any angulation.

Tip: make sure the patient has good posture, with their shoulders NOT slouched forward.
**AP View:** Helpful for GH OA, Proximal Humeral Fx, Glenoid Fx
- **AP w/ internal rotation:** Good for Hill-Sach’s lesions

**Outlet View:** Helpful for shoulder dislocation, proximal humeral fx, scapular fx

**Axillary View:** Best view for narrowing of GH joint. Helpful for AC arthritis, Hill-Sach’s lesions, viewing acromion.
References:

Shoulder exam description: http://orthosurg.ucsf.edu/patient-care/divisions/sports-medicine/conditions/physical-examination-info/shoulder-physical-examination/

Shoulder exam video: https://www.youtube.com/watch?v=VSrLbzZzJU8