

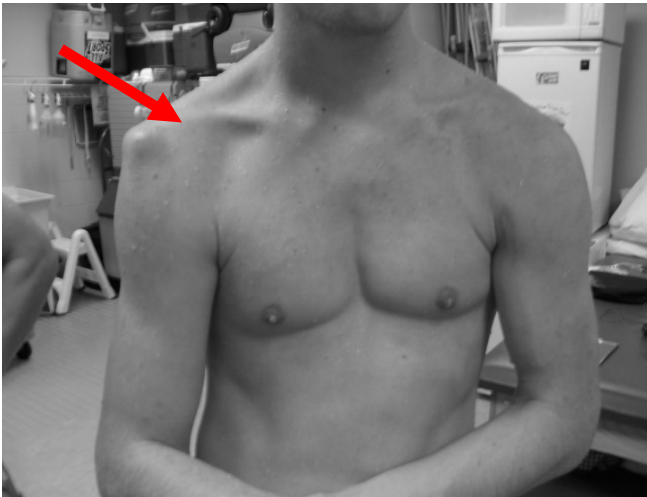
# Checklist for Physical Examination of the Shoulder

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



Right shoulder glenohumeral dislocation

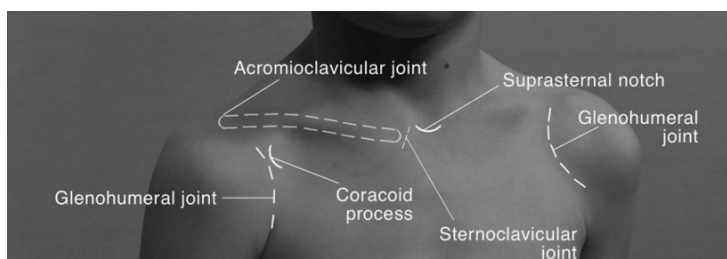


Scapular winging

## 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)

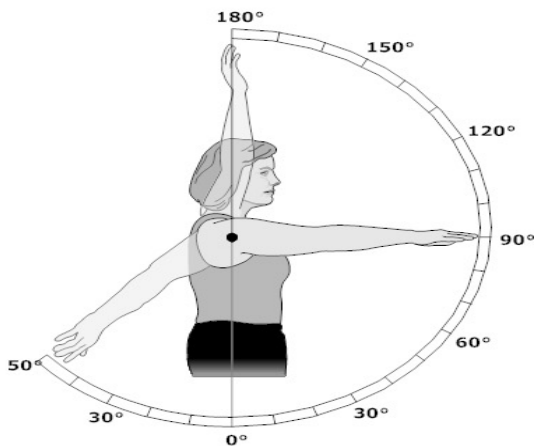


## C. Range of Motion

- 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.

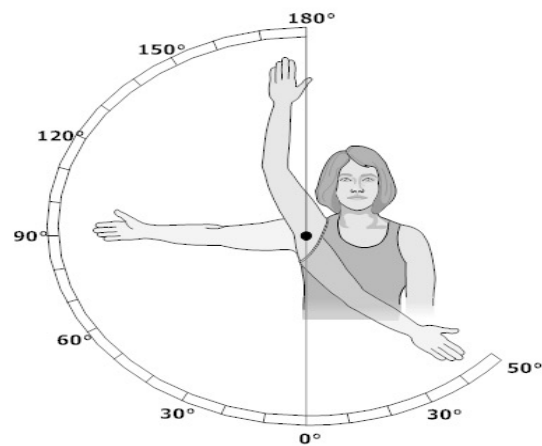
\*Be able to tell the difference between AROM and PROM

### Range of Motion: Shoulder



#### Shoulder Flex/Ext:

Lateral view of woman exhibiting normal range of movement in the flexion and extension of the arm at the shoulder joint.



#### Shoulder Abd/Add:

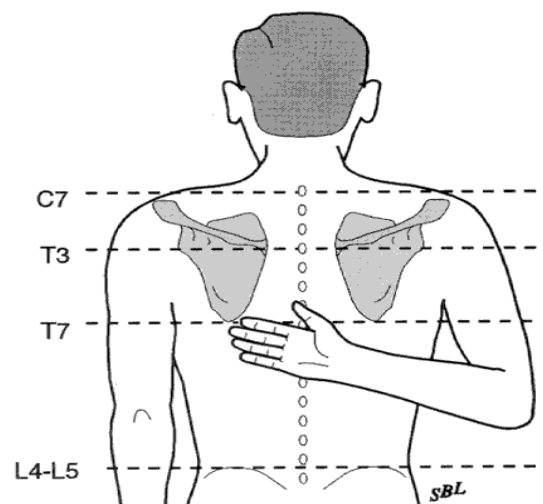
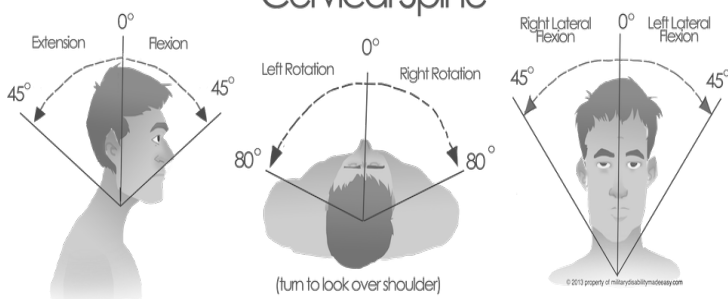
Anterior view of woman exhibiting normal range of movement in the abduction and adduction of the arm at the shoulder joint.

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Figure S-9. Extension/internal rotation



#### Cervical Spine



Matsen Fig. 2-03

## D. Manual Muscle Testing / Neuro-vascular exam

- 1) Manual Muscle Testing (MMT)
  - a) Demonstrate MMT for shoulder extension, flexion, abduction, internal rotation (subscapularis), external rotation (infraspinatus), 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)

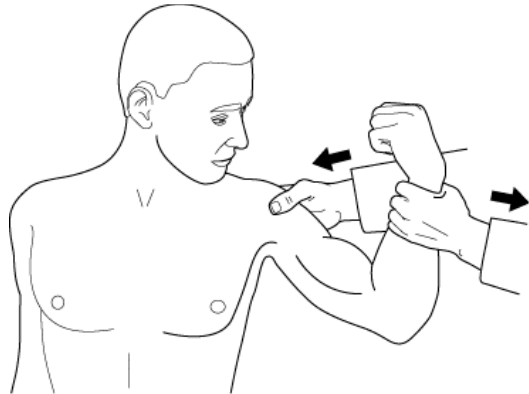
**Table 3. Grading of muscle strength**

Grade	Ability to move
5	The muscle can move the joint it crosses through a full range of motion, against gravity, and against full resistance applied by the examiner.
4	The muscle can move the joint it crosses through a full range of motion against moderate resistance.
3	The muscle can move the joint it crosses through a full range of motion against gravity but without any resistance.
2	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.
1	Muscle contraction is seen or identified with palpation, but it is insufficient to produce joint motion even with elimination of gravity.
0	No muscle contraction is seen or identified with palpation; paralysis.

## C-5 Resisted Shoulder Abduction



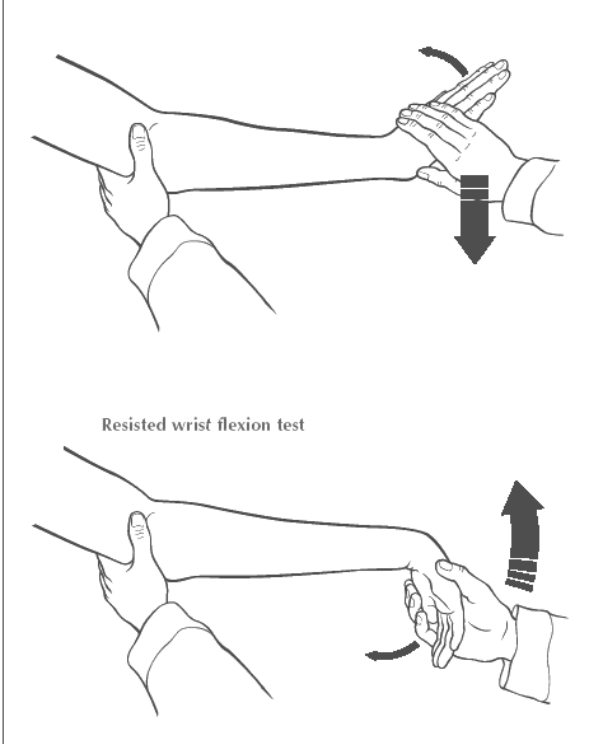
## C-6/7 resisted elbow flexion/extension



Source: LeBlond RF, DeGowin RL, Brown DD: *DeGowin's Diagnostic Examination*, 9th Edition: <http://www.accessmedicine.com>  
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## C-6/7 resisted wrist flexion/ext

Figure E-7. Resisted wrist extension test



## T-1 resisted finger adduction



## C-8 resisted finger flexion



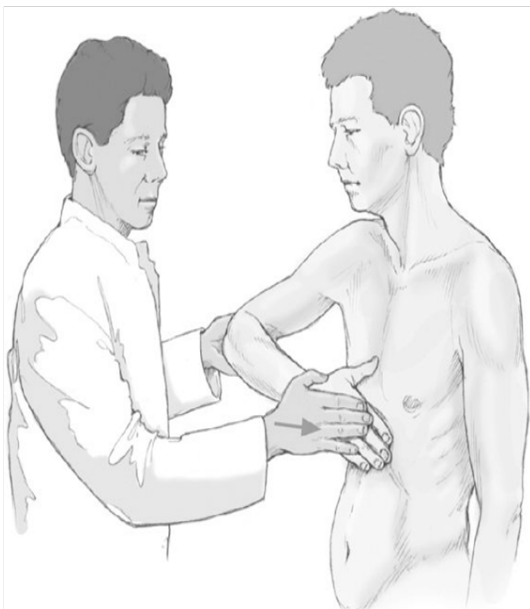
Empty can (Jobes): supraspinatus



External rotation: infraspinatus/teres minor



Belly off test: subscapularis



Lift off test: subscapularis



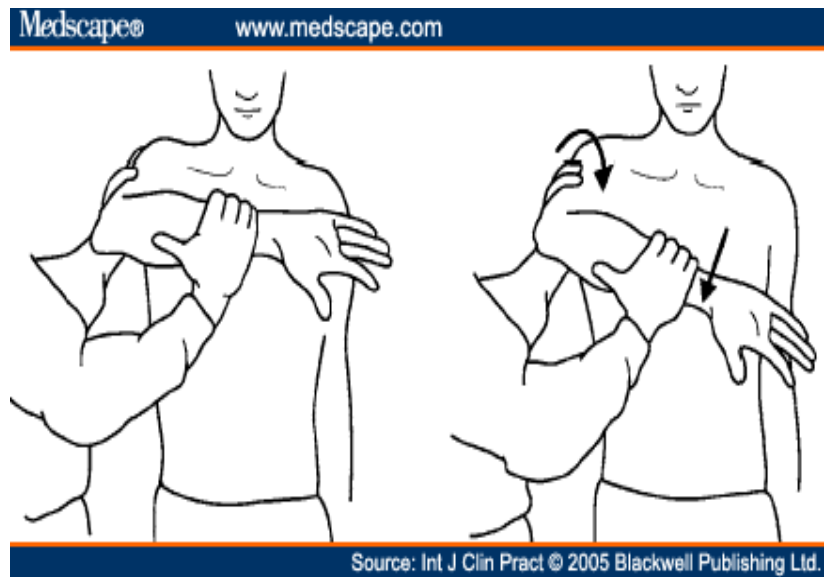
## E. Special Tests:

- 1) Impingement: 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

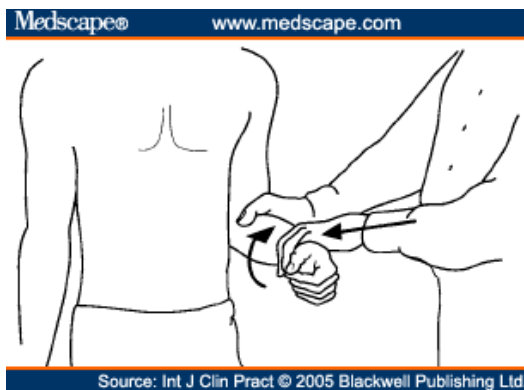
### Neer's Test



### Hawkins-Kennedy Test



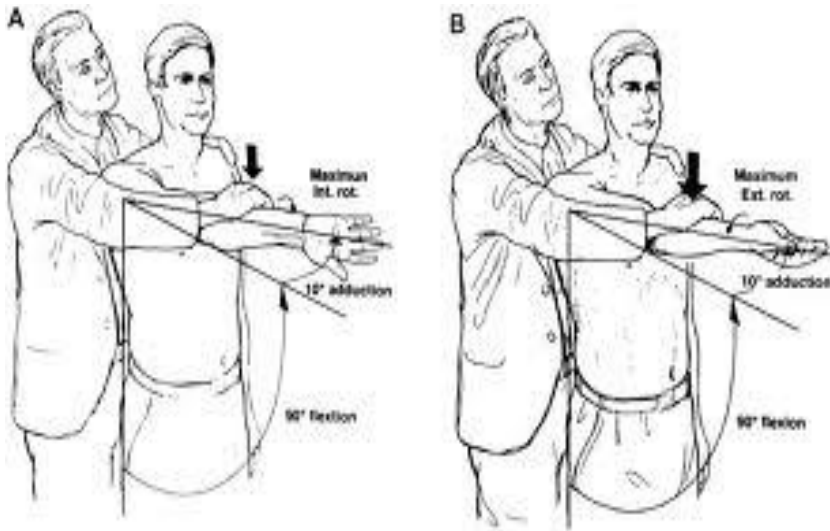
### Yergason's Test



### Speed's Test



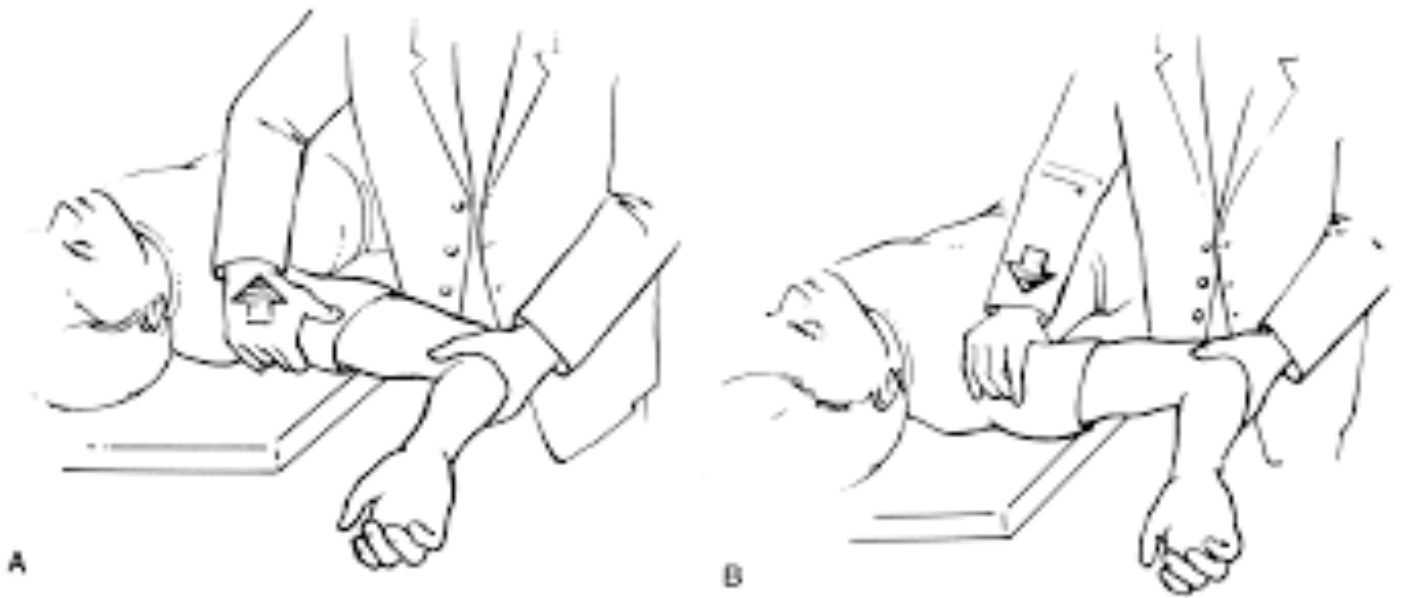
O'Brien's Test



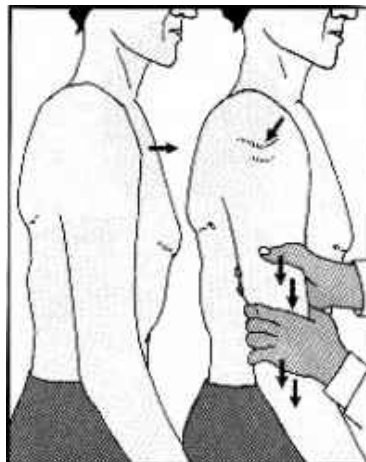
Labral Crank Test



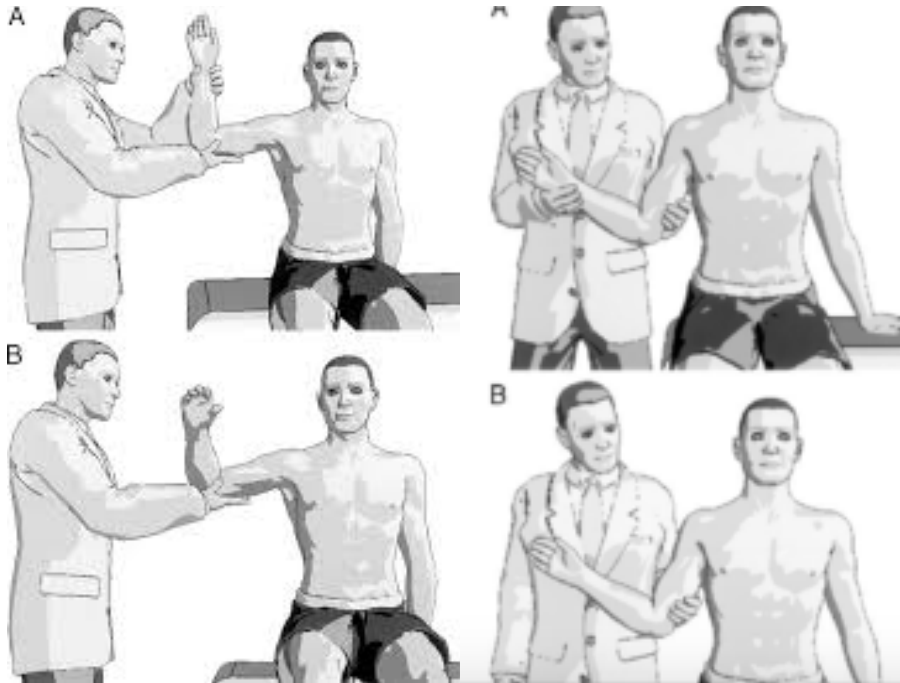
Apprehension/Relocation Test



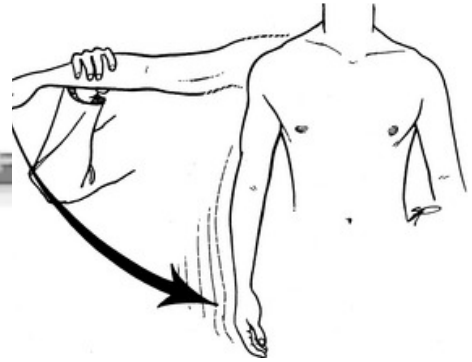
Sulcus Sign Test



## External Rotation Lag Test



## Drop Arm Test



## F. Referred Shoulder Pain

Cervical Spine (disc disease)

Myofascial Trigger Points

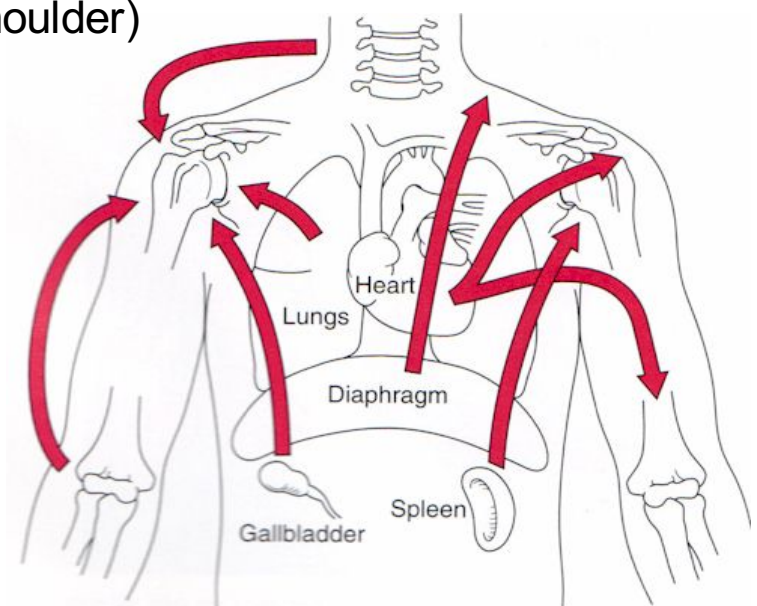
Apical Lung Tumor

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.

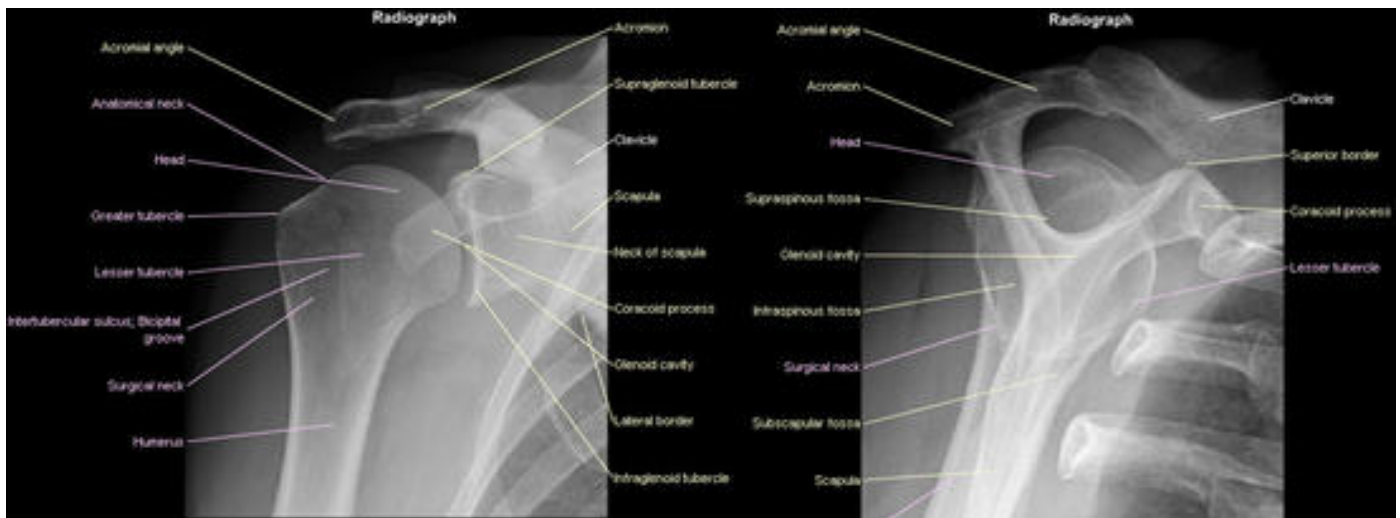
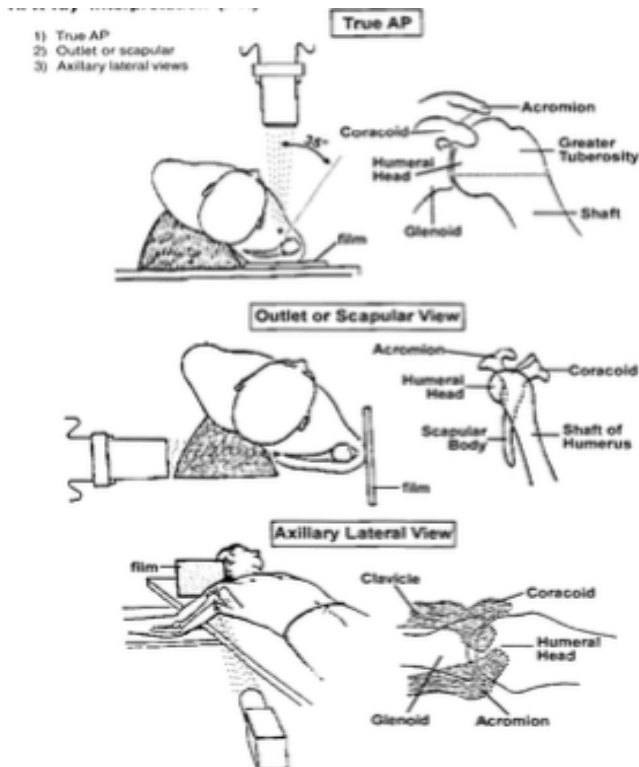
### Posterior glenohumeral approach



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.

## H. XRAY Interpretation



**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>

## **Notes**