**PhysiYoga Assessment Protocol: Shoulder**

Reviewed by team

Updated:

## Subjective:

* Body chart
  + Location of pain
  + Radicular pain
  + Other regions of stiffness/pain/issues
  + Other joints
* History
  + acute (? trauma) vs Chronic
  + Previous episodes
  + surgery
* Chronic
  + past history
  + aggravations
* Other Treatment and investigations
  + Non-response to treatment = red flag (even in absence of other red flags)
* Beliefs
  + Emotional
  + Functional impact

### Baseline Function

* Meaningful tasks – what can’t they do right now 🡪 to turn into screening task
* Patient Specific Functional Scale
* VAS
* Shoulder specific Outcome Measures:

## Objective:

#### Standing

### Posture – static and dymanic

* Shoulder girdle torsion
* C5-7
* T2-5

Obs:

* Thoracic curve & head position over thorax (A-P)

### AROM - Shoulder

#### Elevation

## Palpation

* Palpate surface anatomy to identify pain generator. Key structures:

#### Neurodynamic Tests

* Tension, reflexes & sensation

Table of tests?

Ultrasound options?

|  |  |  |
| --- | --- | --- |
|  | **Subjective** | **Objective** |
| **Structure at Fault** | * Body chart * Location & Depth of pain * Mechanism of injury | * Palpation * Joint mobilisations * Passive Integrity Tests * Special tests |
| **Pain Mechanism** | * Onset of pain/problem * Quality of pain * 24 hour pattern | * (mainly subjective) * Neural tests |

## At End of Assessment

Obtain enough information to create a Provisional diagnosis and treatment hypothesis. For this, you will need:

* Structure at fault
* Pain mechanism at play (i.e. overload, inflammation, central)
* Uncontrolled movement pattern that is contributing

1. Design initial treatment (session 1) based on these factors.
2. List differential diagnosis
3. Determine plan for first 4-6 sessions
4. Re-assessment visit

# Next Step in Assessment: Reach Phase Tests

1. Confirm or update initial diagnosis
2. Identify contributing factors and address them
3. Set plan for progressive tissue loading

**Further tests required:**

* Muscle length:
  + Hips (flexors, extensors, abd & adductors)
  + Functional: Sit & reach
* Muscle strength & control
  + Calves, hamstrings, glutes

### AROM – Related Areas

**Cervical Spine**

**Thoracic Spine**

|  |  |  |
| --- | --- | --- |
| **Uncontrolled Movement Pattern** | * Chronology of problem over lifespan * History of movement (hobbies etc) * Occupation and workstation setup | * Corrections * Taping * Manually unloading structure * Movement Variability Screen * Other movement screening |

# Final Step: Extend Phase Tests

Return to work, sport and play – tests for control, load increases, capacity and endurance:

1. Scap-thoracic control
2. Biomechanics of specific tasks – are they efficient? Especially for racquet and throwing sports

## Other tests for function

* PY MVS
* Free Trial Studio Classes
* Sport specific screening

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| **Meaningful Baseline Tests** | * Review validated outcome measures | * Meaningful Screening Tasks related to functional goals |