

Shoulder Assessment

SUBJECTIVE:

Body Chart

- Location of pain
- Severity
- Behaviour
- Aggravating/relieving factors
- Radicular pain
- Other regions? Relationship?

History

- Acute (trauma?) vs chronic
- Previous Hx
- Surgery?
- Investigations?
- Previous Rx? (Non-response to Rx = red flag, even if absence of other red flags)

Not to be missed

- Tumor/Ca (bone tumors in the young)
- Referred pain from diaphragm, gall bladder, perforated duodenal ulcer, heart, spleen (left shoulder pain), Apex of lungs, thoracic outlet syndrome, Axillary vein thrombosis.

Outcome measures

Shoulder Pain and Disability Index (SPADI)

Upper Extremity Functional Index (UEFI)

OBJECTIVE

Postural Observations in Standing

Posterior view

Scapula Position			
Elevation/depression: -Superior angle T2 - Spine of scapula T3 -Inferior angle T7	Left: Elevated Depressed Normal	Right: Elevated Depressed Normal	Comment:
Protraction/retraction: -Medial border should be 5-7cm from the spine.	Left: Protracted Retracted Normal	Right: Protracted Retracted Normal	Comment:
Anterior tilt: -Normal = approx. 10deg anterior tilt.	Left: Anterior tilt Normal	Right: Anterior tilt Normal	Comment:
Upward/downward rotation: -Superior medial and inferior medial borders should vertically line up. -Upward rotation= inferior angle more lateral. -Downward rotation= Inferior angle more medial.	Left: Upward Downward Normal	Right: Upward Downward Normal	Comment:
Internal/external rotation (winging): -Normal = medial border up to 2.5cm off thorax.	Left: Int rotation Ext rotation (wing) Normal	Right: Int rotation Ext rotation (wing) Normal	Comment:
Muscle development (bulk/tone/wasting) difference between sides?	Left: Yes No	Right: Yes No	Comment:
Scoliosis: (convex/concave left or right?)	Yes	No	Comment:

Side View

Head and Neck Posture:	Normal	Poked	Retracted
Excessive Scapula protraction (rounded shoulders):	Left: Yes No	Right: Yes No	Comment:
Scapula elevation/depression:	Left: Elevated Depressed Normal	Right: Elevated Depressed Normal	Comment:
Thoracic Kyphosis:	Normal	Hyper	Hypo

Anterior View

Clavicle: -Angled upwards if scapula elevated. Angled downward if scapula depressed. -Check also for Hx # (bumps), prominent Sternoclavicular joint or step deformity AC joint.	Left: Angled upwards Angled downward Normal	Right: Angled upwards Angled downward Normal	Comment:
Humeral head in relationship to the acromion: -Normal = 1/3 of humeral head anterior to anterior aspect of acromion. Observe/palpate anterolaterally.	Left humeral head: Anterior Posterior Normal	Right humeral head: Anterior Posterior Normal	Comment:
Humeral rotation: -One finger at centre of olecranon and one finger at centre of cubital fossa. Estimate amount of internal rotation. A small amount is normal. Look for differences L & R.	Left: Internally rotated Externally rotated Normal	Right: Internally rotated Externally rotated Normal	Comment:

*Remember: if asymmetries are found, you can test the effect of correcting them on patient symptoms. First, active correction (can they correct it?), and second passively (is it physically possible to correct/is range available?).

Active Range of Movement

*Establish patient resting symptoms and ask them to report symptoms through movement.

*Also observing quality of movement.

*Can add overpressure at end of movement if pain free.

	Left	Right
Flexion		
Abduction		
Extension		
External rotation: -elbows into side -90deg abduction and elbow flexion		
Internal rotation: -Straight arms by side -90deg abd and elbow flexion -Hand behind back -90deg shoulder flex and elbow flex		
Horizontal flexion		
Horizontal extension		

Passive Range of Movement

	Left	Right
Flexion		
Abduction		
Extension		
External rotation: -elbows into side -90deg abduction and elbow flexion		
Internal rotation: -Straight arms by side -90deg abd and elbow flexion -Hand behind back (in standing) -90deg shoulder flex and elbow flex		
Horizontal flexion		
Horizontal extension		

*A difference of 20deg GH internal rotation between sides is +ive for GIRD

Resisted Static Contractions (Rotator Cuff Tests)

	Left	Right
External rotation		
Internal rotation		
Abduction		
Full can		
Empty can (Jobe's test)		
Biceps (elbow flexion, shoulder flexion, supination) -isometric -through active range		
Lift off test (subscapularis, lower fibres)		

Bear hug test and/or Tummy rub test (subscapularis, upper fibres)		
Other		

Palpation (In sitting, can also look down to see asymmetries in deltoids and position of humeral head from behind.)

	Left	Right
AC joint		
Greater tuberosity		
Anterior Humeral Head (normal= 1/3 of humeral head anterior to anterior edge of acromion.)		
Biceps tendon (long head)		
Rotator Cuff tendon		
Periscapular and anterior coracoid muscles		
Cervicobrachial muscles		
Other		

Impingement Tests

	Left	Right
Empty can (Jobe's test)		
Full can		
Hawkins Kennedy Test		
Neer's Test		

*Full can and empty can tests cannot determine if pain is due to impingement or rotator cuff muscle pathology BUT if both test positive it is more likely rotator cuff pathology. If only empty can is +ive, and full can -ive, it is more likely to be due to impingement. Further tests for rotator cuff muscles are needed.

*Empty can will test subacromial structures. It is -ive with supero-posterior glenoid impingement which is more common in throwing athletes.

*Hawkins Kennedy is +ive for subacromial impingement and -ive for internal impingement.

*Neer’s test interpretation depends on the location of the pain. Front of shoulder pain = subacromial impingement. Posterior shoulder pain = internal impingement.

Instability Tests (provocation tests)

	Left	Right
Apprehension test		
Relocation Test		
Load and Shift test (anterior laxity)		
Sulcus sign (inferior laxity)		
Posterior subluxation test (posterior laxity)		

*Apprehension test: Pain at front of shoulder could indicate subacromial impingement. Posterosuperior pain could indicate posterosuperior glenoid impingement.

*Relocation test: +ive if pain during apprehension test disappears (based on excessive anterior translation of humeral head). Indicates potential instability. Consider Hx. If -ive, this may indicate subacromial impingement.

Biceps pathology/SLAP lesion

	Left	Right
Speed’s Test		
O’Brien Test		
Biceps load II test		
Upper cut test		
Crank Test		

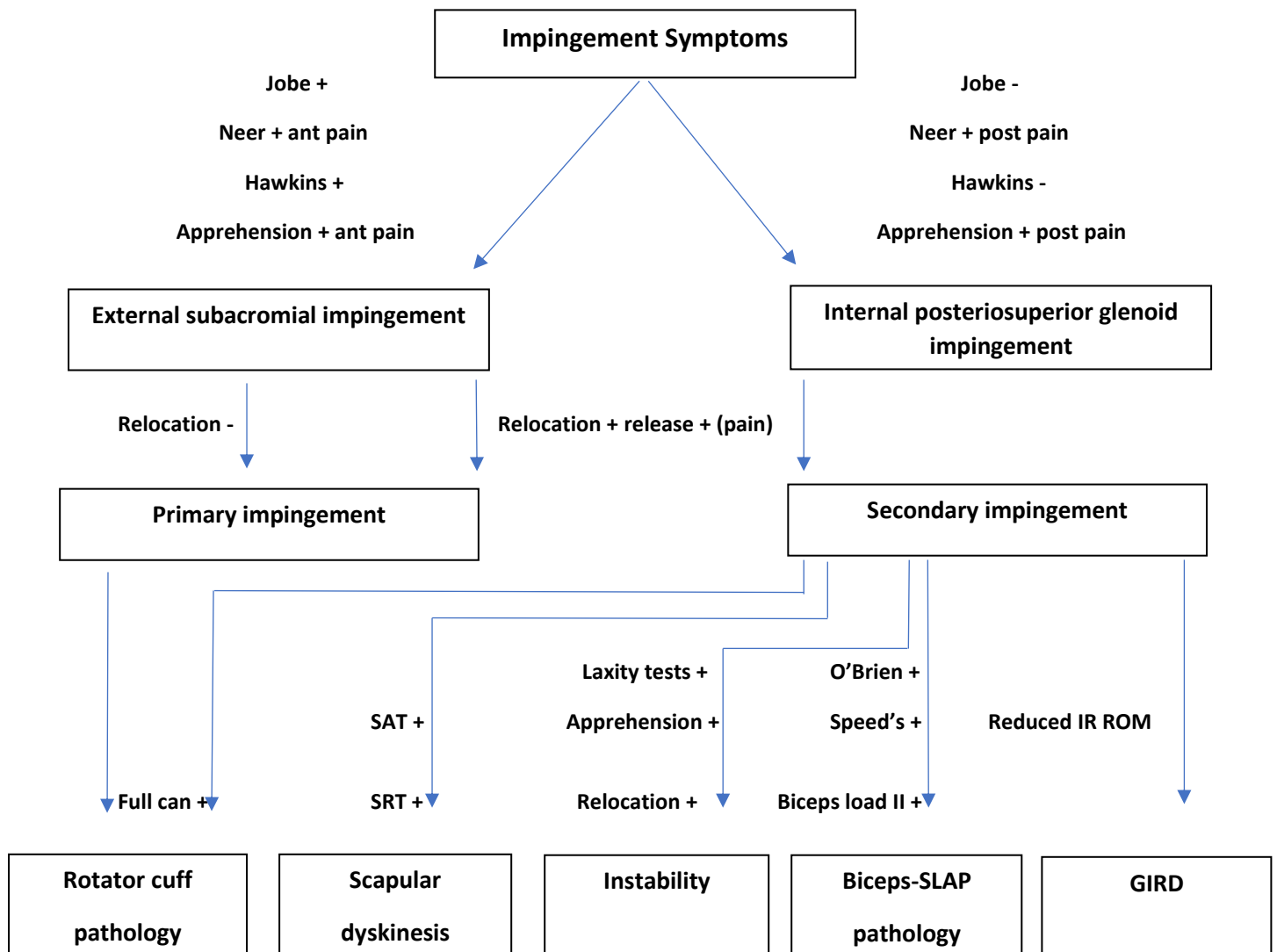
Scapular tests

	Left	Right	Comment
Scapular Assistance Test (SAT)			
Scapular Retraction Test (SRT)			

*SAT: +ive if pain stops when the examiner assists scapular movement through range.

*SRT: Stabilise medial edge of scapular while performing the empty can test. This test is positive if pain on initial empty can test stops.

Algorithm for clinical reasoning in the examination of impingement-related shoulder pain (Cools et al. 2008).



Neurological

Reflexes (Biceps C6, Triceps C7)	Findings:
Power	Findings:
Sensation (Light Touch, sharp/blunt)	Findings:

Neurodynamics

ULTT 1 (median n.)	Findings:
ULTT 2a (median n.)	Findings:
ULTT 2b (radial n.)	Findings:
ULTT 3 (ulnar n.)	Findings:

Other tests

Name	Left	Right	Comment

Shoulder test Links:

[Full Can Test | Subacromial Pain Syndrome Assessment | Rotator Cuff Pain \(physiotutors.com\)](#)

[Empty Can Test | Jobe Test | Assessment of Subacromial Pain Syndrome \(physiotutors.com\)](#)

[Hawkins-Kennedy Test | Subacromial Shoulder Pain | Shoulder Assessment \(physiotutors.com\)](#)

[Neer Test | Subacromial Shoulder Pain | Shoulder Assessment \(physiotutors.com\)](#)

[Apprehension Test | Anterior Shoulder Instability Assessment \(physiotutors.com\)](#)

[Shoulder Relocation Test | Anterior Shoulder Instability Assessment \(physiotutors.com\)](#)

[Load and Shift Test | Shoulder Instability Assessment \(physiotutors.com\)](#)

[Sulcus Sign | Inferior Shoulder Instability Assessment \(physiotutors.com\)](#)

[Shoulder Anterior:Posterior Drawer - YouTube](#)

[Speed's Test | Biceps Pathology Assessment | SLAP Lesion \(physiotutors.com\)](#)

[O'Brien Test | Active Compression Test | SLAP and AC Lesion Assessment \(physiotutors.com\)](#)

[Biceps Load II Test | Biceps Pathology Assessment | SLAP Lesion \(physiotutors.com\)](#)

[Uppercut Test | Biceps Tendinopathy - YouTube](#)

[Crank Test | Shoulder SLAP Lesion Assessment | Biceps Tendinopathy \(physiotutors.com\)](#)

[Scapular Assistance Test | Scapular Dyskinesis Assessment \(physiotutors.com\)](#)

[Scapular Retraction Test \(SRT\) | Scapular Dyskinesis - Bing video](#)

[All Upper Limb Tension Tests | ULTT | ULNT - Bing video](#)