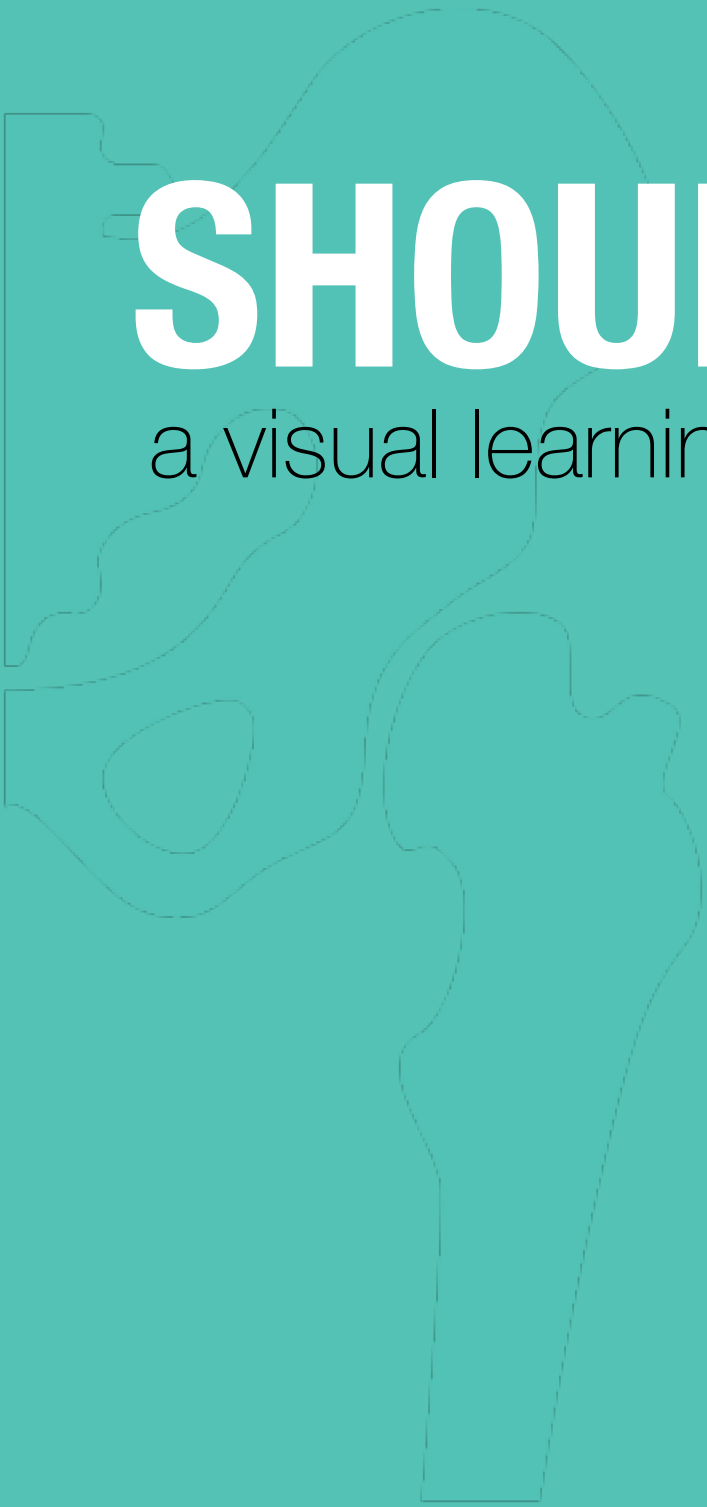


# SHOULDER EXAM

a visual learning guide



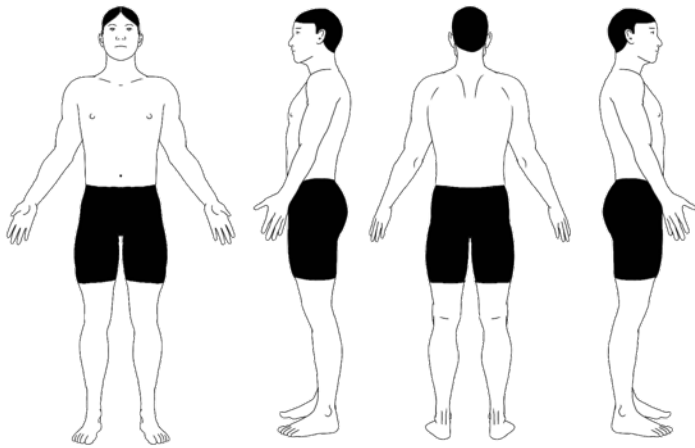
*Nick Smith*



# SHOULDER EXAM



## 360 inspection



**Exposure:** - The patient should remove their top though women should keep their bra on.

**Overall alignment**

**Deformity/symmetry** - one shoulder often sits slightly higher than the other, steps in clavicle, dislocation, winging of scapula (long thoracic nerve injury)

**Scars** - arthroscopy, shoulder surgery

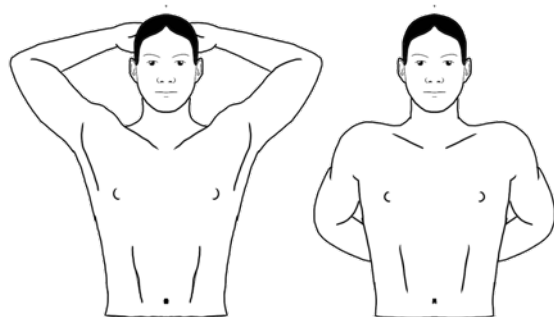
**Wasting** - trapezius (squaring of the shoulders), deltoid, triceps, biceps, supraspinatus, infraspinatus

**Swelling** - inflammation, bursitis

**Colour** - erythema, bruising

Don't forget to check axilla

## Function



**HANDS BEHIND  
HEAD**

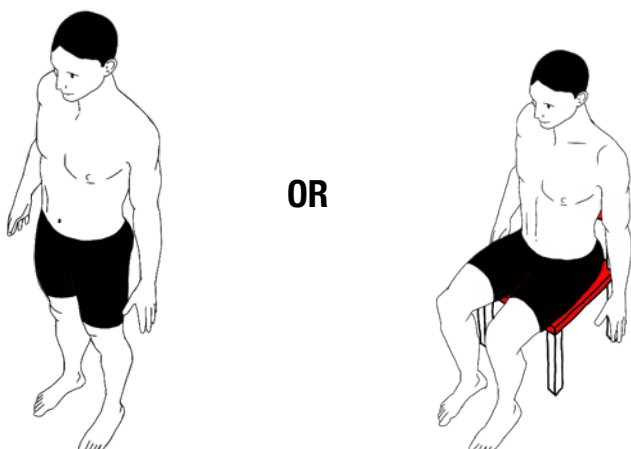
**HANDS BEHIND  
BACK**

These moves are a good assessment that the patient can function with what ever problem they have with their shoulder

**Hands behind head** - Quick test of ABduction & external rotation of the shoulder and flexion of the elbow

**Hands behind back** - Quick test of internal rotation

## Position

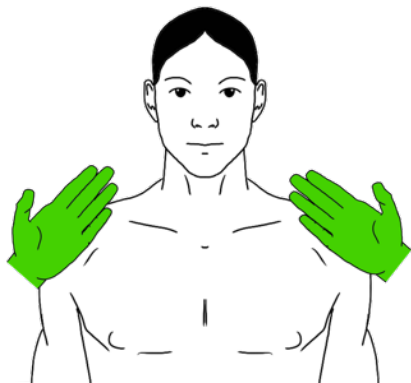


Usually patient is stood for this examination however if they are much taller than you consider sitting them on a chair for look and feel. It maybe easier to get them to stand for move

# SHOULDER EXAM



## Temperature

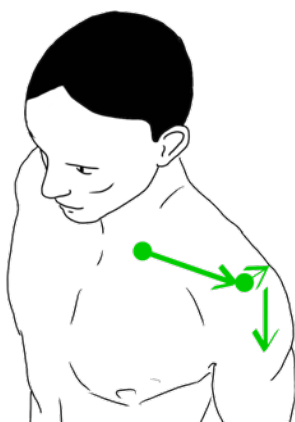


**Back of hands**

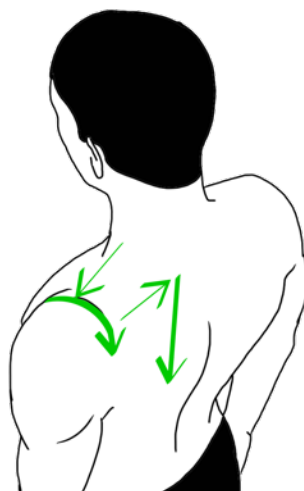
**Compare sides**

**Warmth suggests inflammatory process**

## Palpation

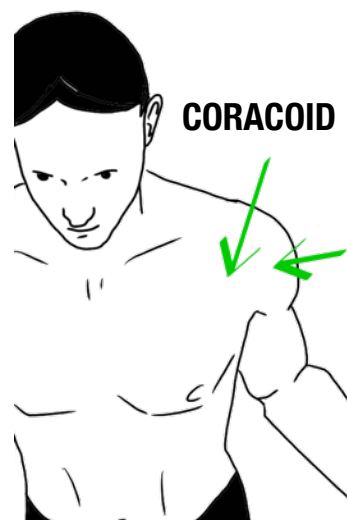


**SCJ  
CLAVICLE  
ACJ  
ACROMION  
DELTOID**



**JOINT LINE  
BORDER OF SCAPULA  
C-SPINE  
TRAPEZIUS  
DELTOID  
INFRASPINATUS**

**Feeling for tenderness, swelling or steps, working systematically around the shoulder.**



**CORACOID**

**BICEPS TENDON**

**Can be difficult to locate  
Externally rotating the shoulder  
may help**

# SHOULDER EXAM

LOOK

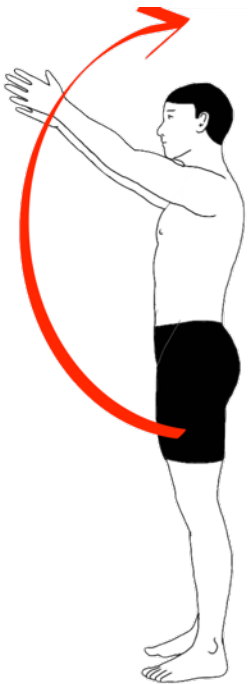
FEEL

MOVE

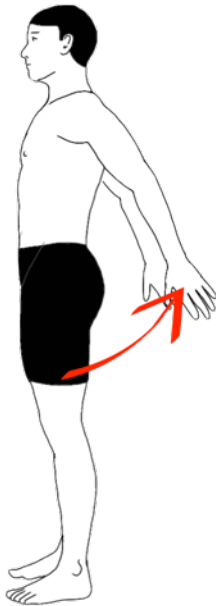
SPECIAL TESTS

OTHER

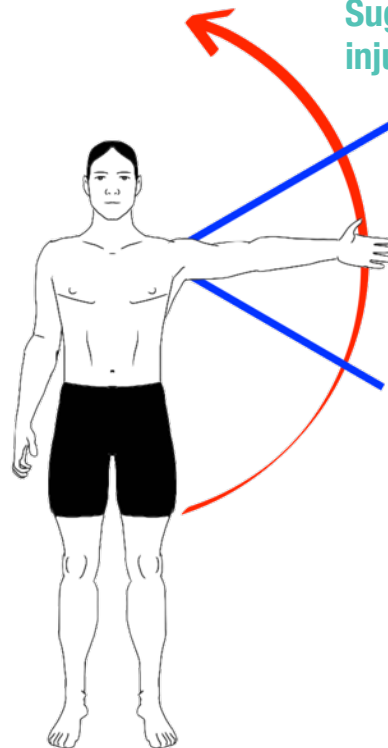
## Flexion



## Extension



## Abduction

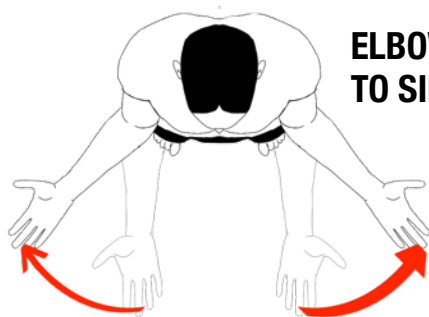


HIGH-ARC PAIN  $> 120^\circ$   
Suggestive of ACJ  
injury/pathology

120  
MID-ARC PAIN  
60 - 120  $^\circ$   
Suggestive of  
supraspinatus  
impingement

60

## External rotation



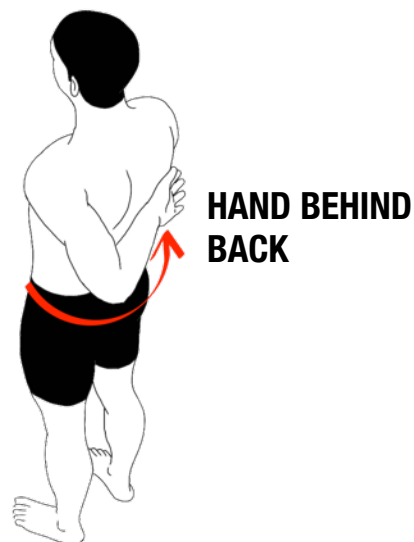
ELBOWS FIXED  
TO SIDES

Arms by sides, elbow flexed to  $90^\circ$   
and fixed to side

Rotate arm outwards

Loss of external rotation common  
in frozen shoulder

## Internal rotation



HAND BEHIND  
BACK

Gently repeat any  
movement passively if  
there is a restricted  
RoM or pain

# SHOULDER EXAM

LOOK

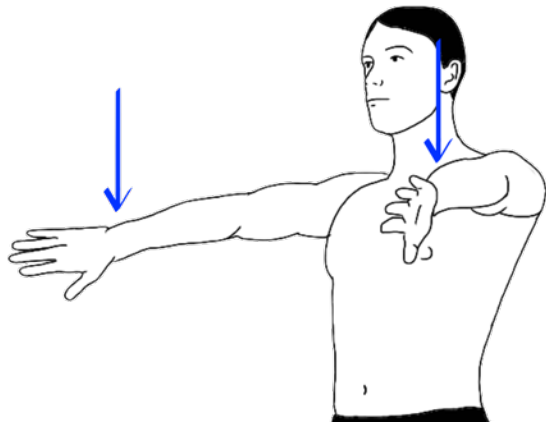
FEEL

MOVE

SPECIAL TESTS

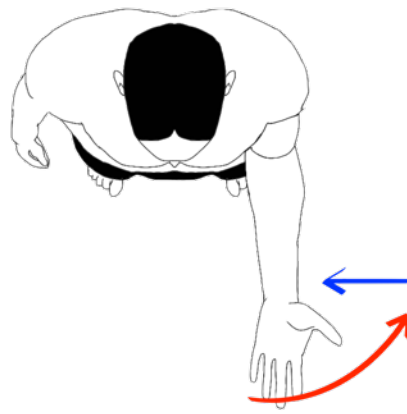
OTHER

## Rotator Cuff



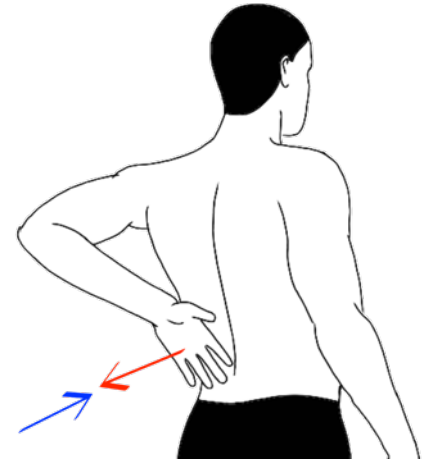
### SUPRASPINATUS

Arms flexed to about 70 degrees, a bit wider than shoulder width apart  
Rotate arms so thumbs pointed downwards  
Push down on patients



### INFRASPINATUS/TERES MINOR

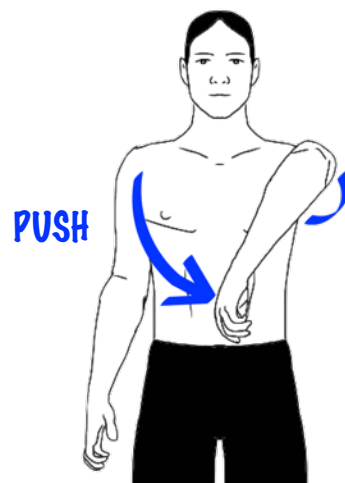
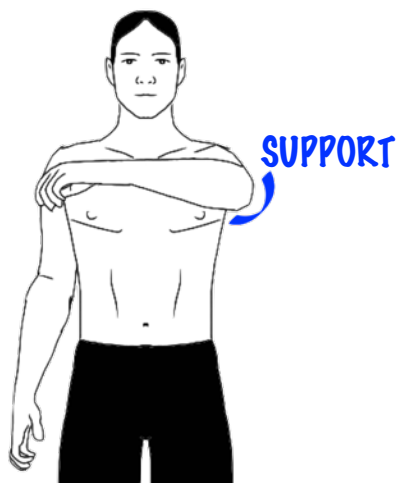
External rotation against resistance



### SUBSCAPULARIS

Hand behind back, held a couple of inches away from spine  
“Don’t let me push your hand back”

## Impingement

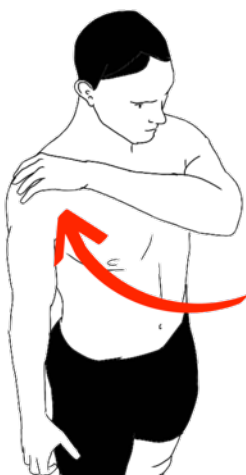


### HAWKINS-KENNEDY TEST

Shoulder abducted to 70 degrees, elbow flexed to 90, palm facing down

Support the elbow and rotate shoulder so that palm goes downwards

Pain suggests supraspinatus impingement



### SCARF TEST

Ask patient to touch their opposite shoulder

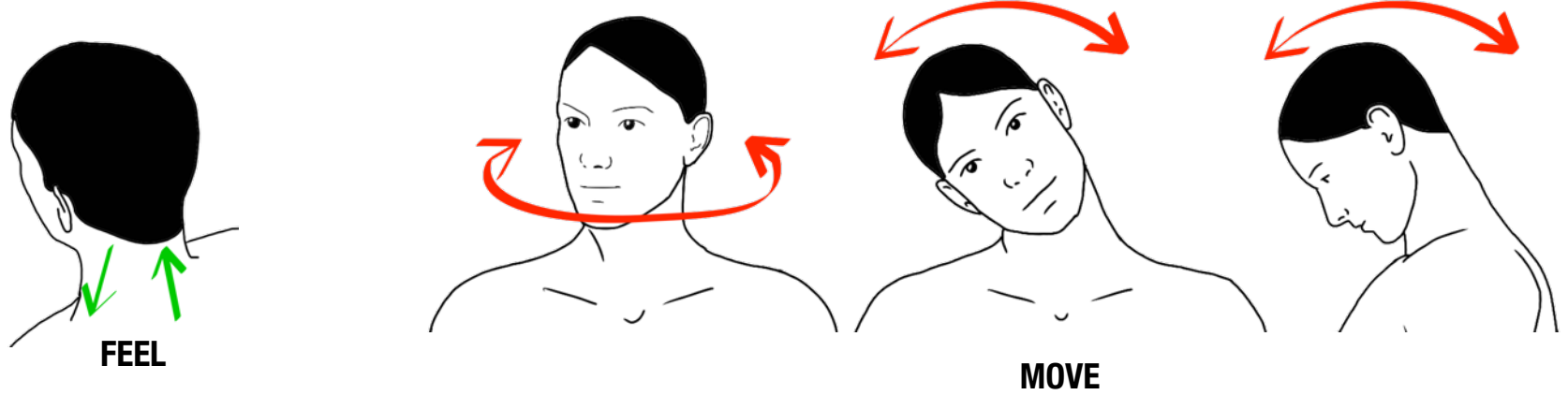
Can be reinforced by applying pressure on the elbow

Pain suggestive of ACJ pathology/injury

# SHOULDER EXAM

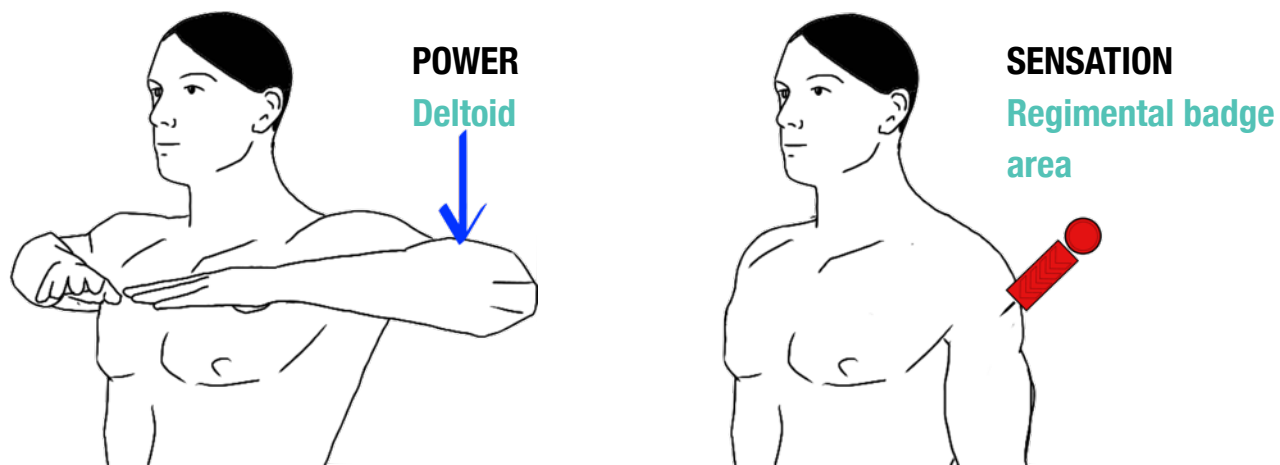


## JOINT ABOVE: C- spine



## NEUROVASCULAR

### AXILLARY NERVE



### DISTAL PULSE

