

## Physical Exam of the Shoulder Checklist

### Observation:

|                    |  |
|--------------------|--|
| Bony abnormality   |  |
| Muscle abnormality |  |

### Palpation: ABC'S

|                                 |  |
|---------------------------------|--|
| <b>A</b> cromioclavicular joint |  |
| <b>B</b> iceps tendon           |  |
| <b>C</b> oracoid                |  |
| <b>S</b> ubacromial space       |  |

### ROM/Strength: SITS

|   |  |
|---|--|
| <b>Supraspinatus/Deltoid: Abduction scapular plane</b>  |  |
| ROM: assess ROM from 0-180 and +/- painful arc          |  |
| Full tear: Drop Arm Test                                |  |
| Motor: Empty Can  |  |
| <b>Infraspinatus/Teres Minor: External Rotation(ER)</b> |  |
| ROM: assess between 0-90                                |  |
| Motor: resisted ER                                      |  |
| <b>Subscapularis: Internal Rotation (IR)</b>            |  |
| ROM: assess spinous level                               |  |
| Motor: Gerber lift off                                  |  |

### Provocative Tests:

|                                  |  |
|----------------------------------|--|
| <b>Biceps:</b>                   |  |
| Yergason's (resisted supination) |  |
| Speed's (resisted flexion)       |  |
| <b>Impingement:</b>              |  |
| Neer's                           |  |
| Hawkins                          |  |
| <b>Acromioclavicular:</b>        |  |
| Scarf                            |  |
| Cross arm                        |  |

## **Range of Motion**

Forward flexion: Have the patient raise their arms as far as possible to the front. 0-160 degrees overhead is normal.

Abduction: 0-180 degrees overhead is normal done in the scapular plane.

External Rotation: Hold the elbow at the hip with the arm flexed to 90 degrees and rotate out. The patient should be able to rotate at least 30 degrees.

Internal Rotation: Have the patient place one hand behind his back and reach as far superiorly as possible. Note the spinal level and compare both sides.

## **Strength**

Supraspinatus: empty beer can: The patient's arm should be elevated to 90 degrees in the scapular plane, with the elbow extended, full internal rotation, and pronation of the forearm. Press firmly down on the forearms and ask the patient to resist.

External rotators: Infraspinatus and Teres minor: Have the patient flex the elbow to 90 degrees and attempt external rotation against resistance.

Gerber liftoff test: Subscapularis: Have the patient place one arm behind their lower back and try to push away from the body. Inability to perform the "lift off" represents subscapularis weakness from a tear or other injury.

Drop arm test: Passively raise the patient's arm to 90 degrees of abduction and have the patient lower it slowly. If the patient is unable to maintain this position against gravity (the arm "drops"), this indicates supraspinatus pathology.

## **Provocative Tests**

Yergason's test: With the patient's elbow flexed at 90 degrees, have him supinate and flex the forearm against resistance. If this causes pain, the test is positive for biceps tendonitis or subluxation of the long head tendon.

Speed's test: Have the patient hold his arm in 60 degrees of forward flexion with the arm supinated. Ask the patient to attempt forward flexion of the arm against resistance while palpating the long head tendon of the biceps. If this test elicits pain at the biceps, it is considered positive, indicating biceps tendonitis.

Hawkins test: Elevate the patient's arm to 90 degrees in the scapular plane with the elbow flexed to 90 degrees, passively internally rotate the arm. Pain indicates impingement syndrome or rotator cuff tendonitis.

Neer's test: Raise the patient's arm in forward flexion with the arm in internal rotation (thumb pointed to floor) to an overhead position. Positive for subacromial impingement if this movement causes pain.

Cross arm test: Have the patient place his arm in 90 degrees of forward flexion, then cross the arm in horizontal adduction in front of the body and push against the examiner. Pain at the AC with this movement is a positive test for acromioclavicular joint pathology.

Scarf test: Have the patient place his arm in 90 degrees of forward flexion, then cross the arm in horizontal adduction and wrap around the neck. Pain at the AC with this movement is a positive test for acromioclavicular joint pathology.