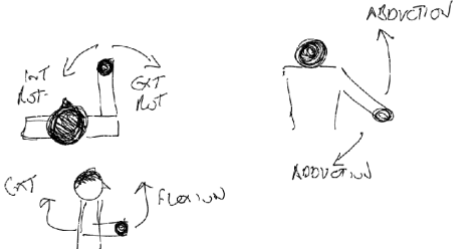


## Shoulder Examination

GLOBAL MARK			
CLEAR PASS	BORDERLINE PASS	BORDERLINE FAIL	FAIL

### Criteria

Introduces Self, Confirms patient identify, Washes hands	2, 1
Checks comfort level of patient and gains consent for examination	2, 1
Checks if patient wants a chaperone	1
Undresses patient appropriately	1
<b>Inspects</b> For asymmetry, wasting, deformity, scars Size and position of scapula (winging)	2
<b>Palpates</b> Along clavicle SCJ to ACJ Acromium to humerus Coracoid	2
<b>Movements</b> Checks active moments   Internal and External Rotation Extension and Flexion Abduction and Adduction  During abduction palpates G/H and lower pole of scapule. (scapulothoracic coordination).	2
<b>Checks Passive Movements</b>  Flexors – pec major, coracobrachialis, biceps, deltoid Extensors – latissimus dorsi, teres major, triceps Abductors – levator scap, pec minor, trapezius, subclavius, supraspinatus,  Considers painful arc	2
<b>Special Tests</b>	2
Examines Rotator Cuff Supraspinatus – empty beer can test Infraspinatus – ext rotation with elbow at 90 deg Subscapularis – int rotation with elbow at 90 deg  SLAP lesions (scarf test) – arm across neck and push away for superior labral tears.	2

O'Brients test – arm flexed at 90 degrees pain felt in glenoid fossa	
Easts test for thoracic outlet syndrome (arms up above head, and elbows bent, open and close fist for 3 minutes)	
Checks neurovascular status	1
Ask to examine joint above and below	1
Explains likely diagnosis and plan	1
Elicits questions and thanks patient	1
MAX 22	

#### Shoulder injures

- Painful Arc – adhesive capsulitis,
- Calcific tendonitis – tender over biceps tendon, GP, injection, NSAIDs
- Rotator cuff injuries – special tests hurt
- Bankhurt/Hill-sachs – Ortho f/u

#### Dislocations

- Anterior
- Posterior
- Inferior – arm held up

Tom Bircher 2019