

A Simple Shoulder Examination

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Look:

General Inspection: Ask patient to turn for you, in 90° rotations, to inspect the shoulder from the front, each lateral side and back. Look for deformity, scars and muscle wasting. Ideally stand yourself on a chair to view the shoulder appropriately, and also to have a mirror on the wall to allow you to see the patient's face at all times.

Feel:

Palpate for tenderness:

- As with all examinations, start on 'normal' side
- Look at the patient's face through all stages of palpation
- Initially palpate at the sternum and the sternoclavicular joint (SCJ)
- Palpate across the clavicle and the acromioclavicular joint (ACJ)
- The glenohumeral joint and the humeral shaft
- Under the axilla
- Spine of the scapula and the scapula

Move:

Active Range of Movements (ROM)

- Abduction (0-170°) – arms at their sides, then move out laterally
- Adduction (0-50°) – start with a flexed elbow (90°) with the forearm across the chest, then move arm medially
- Forward flexion (0-165°) – arms straight and at their sides, then raise arm anteriorly
- Backwards flexion (0-60°) – arms straight and at their sides, then raise arm posteriorly
- External rotation (0-90°) – have arms flat to the axilla, flex the elbow to 90° (hands forward); then rotate the arm laterally, pivoting at the shoulder so keeping the upper arm flat to the axilla
- Internal rotation (0-70°) to T7 vertebrae – ask patient to reach behind and run the back of their hand up to the spine as high as possible

Passive ROM: as above with examiner moving the joint to detect a reduced ROM.

Neers Impingement Test: Have the patient internally rotate their shoulder (thumb pointing down), now abduct the arm for the patient, if there is pain, the test is positive and they probably have a subacromial impingement.

Glenohumeral Instability (Sulcus Sign): Let the patients arm hang to the side, then pull down on the wrist. If an indentation appears between the humeral head and the lateral border of the clavicle, the test is positive.

Rotation Screening Test:

- Internal rotation in extension: Place hand behind opposite shoulder blade/touch bra-strap

- Test of external rotation at 90° for frozen shoulder: place both hands behind the head

Rotator Cuff Nerve Supply:

- Supraspinatus: suprascapular nerve
- Infraspinatus: suprascapular nerve
- Teres minor: axillary nerve
- Subscapularis: upper and lower subscapularis nerve

Testing Motor Function:

- Long thoracic nerve: serratus anterior
- Dorsal scapular nerve: rhomboids
- Axillary nerve: deltoids
- Musculocutaneous nerve: biceps
- Radial nerve: triceps

To complete your examination:

- Examine the joint above (cervical spine) and the joint below (elbow).
- If there is no time in exam situation, say this is what you would do in real life.
- Assess the neurovascular status of the upper limb (pulses, dermatomes, myotomes).
- Appropriate investigations, such as radiographs in appropriate views.