

Student Resources

Shoulder Physical Exam



Adapted and cited from:

Goldberg, Charlie. "Physical Exam Checklists." UC San Diego's Practical Guide to Clinical Medicine, The Regents of the University of California, 2020, <https://meded.ucsd.edu/clinicalmed/checklist.html>

Shoulder Physical Exam

1. Wash your hands.

2. Ensure the patient is draped in a gown appropriately allowing exposure of each body part as you examine [never fully expose the patient].

3. Exam done from right-hand side of the patient's body to left [compare sides immediately].

Observe & Inspect Shoulder for:

- Bony abnormality
- Muscle abnormality

Palpation: **ABC'S**

- **A**cromioclavicular joint
- **B**iceps tendon
- **C**oracoid
- **S**ubacromial space

Range of Motion (ROM)/Muscle Strength Testing: **SITS**

• **S**upraspinatus/Deltoid: Abduction in the scapular plane

- Assess ROM from 0° -180° and +/- painful arc by asking the patient to raise their arm overhead and down to their side in the scapular plane.

In addition, have the patient raise their arms as far as possible in the frontal plane. Raising their arms from 0° - 160° overhead is normal.

- Assess full muscle tear with Drop Arm test by passively raising the patient's arm to 90° of abduction and ask the patient to lower it slowly.

If the patient is unable to maintain this position against gravity (the arm "drops"), this indicates supraspinatus pathology.

- Assess motor function with Empty Can test by elevating the patient's arm to 90° 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.

- **Infraspinatus/Teres Minor: External Rotation (ER)**

- Assess ROM from 0° – 90° by asking the patient to hold their elbow at the hip with the arm flexed to 90° and rotate out. The patient should be able to rotate at least 30°.
- Assess motor function with resisted ER by having the patient flex the elbow to 90° and attempt external rotation against resistance.

- **Subscapularis: Internal Rotation (IR)**

- Assess ROM by asking the patient to place one hand behind their back and reach as far superiorly as possible. Note the spinal level and compare both sides.
- Assess motor function with Gerber lift off test by 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.

Provocative Tests can be conducted for:

- **Assess Biceps tear or tendonitis by:**

- Yergason's Maneuver (resisted supination) by flexing the patient's elbow at 90°. Have the patient 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 (resisted flexion) by having the patient hold his arm in 60° 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.

- **Assess Impingement by:**

- Neer's test by asking the patient to raise their 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.
- Hawkins test by asking the patient to elevate their arm to 90° in the scapular plane with the elbow flexed to 90°, passively internally rotate the arm. Pain indicates impingement syndrome or rotator cuff tendonitis.

- **Acromioclavicular joint pathology by:**

- Scarf test by asking the patient to place their arm in 90° 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.
- Cross arm test by asking the patient to place their arm in 90° 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.