

Shoulder Examination

Prepare patient

- Introduction
- Position standing with upper limbs & upper chest exposed

General Principles of Joint Exam

Check if any pain, then look, feel, move, measure & compare with other side, & assess function.

Look

General inspection

- Obvious other joint disease

Shoulders

- Compare contours of both sides: Level, symmetric AC outlines, squaring off.
- Skin - Scars, swelling
- Deltoid wasting

Feel

Tenderness and swelling

Move

Screening test: Patient touches other shoulder in front of neck, behind neck & behind back.

Movements (stand behind rest one hand on shoulder and move patient's elbow with other):

- Passive:
 - Abduction (90°)
 - Adduction (50°)
 - External rotation (60°)
- Active
 - Elevation (180°)
 - Flexion (90°, 180° if scapula allowed to rotate)
 - Internal rotation (90°) - patient places hand behind back with elbow at 90°
 - Extension (65°)

Note limitation, pain, crepitus

- Rotator cuff - painful arc often in just one plane
- Joint disease - all directions affected
- Neurological weakness - painless

Function

Watch undress if possible

Anterior stability - apprehension test

- Stand behind patient with one hand on shoulder, flex elbow to 90 and abduct, extend & ext rotate ("hand's up" type pose) while pressing head of humerus anteriorly with thumb. Resistance if impending dislocation.

Axillary nerve damage - loss of sensation over badge area of upper arm.