



Diagnosis and Management of Common Shoulder Conditions

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History

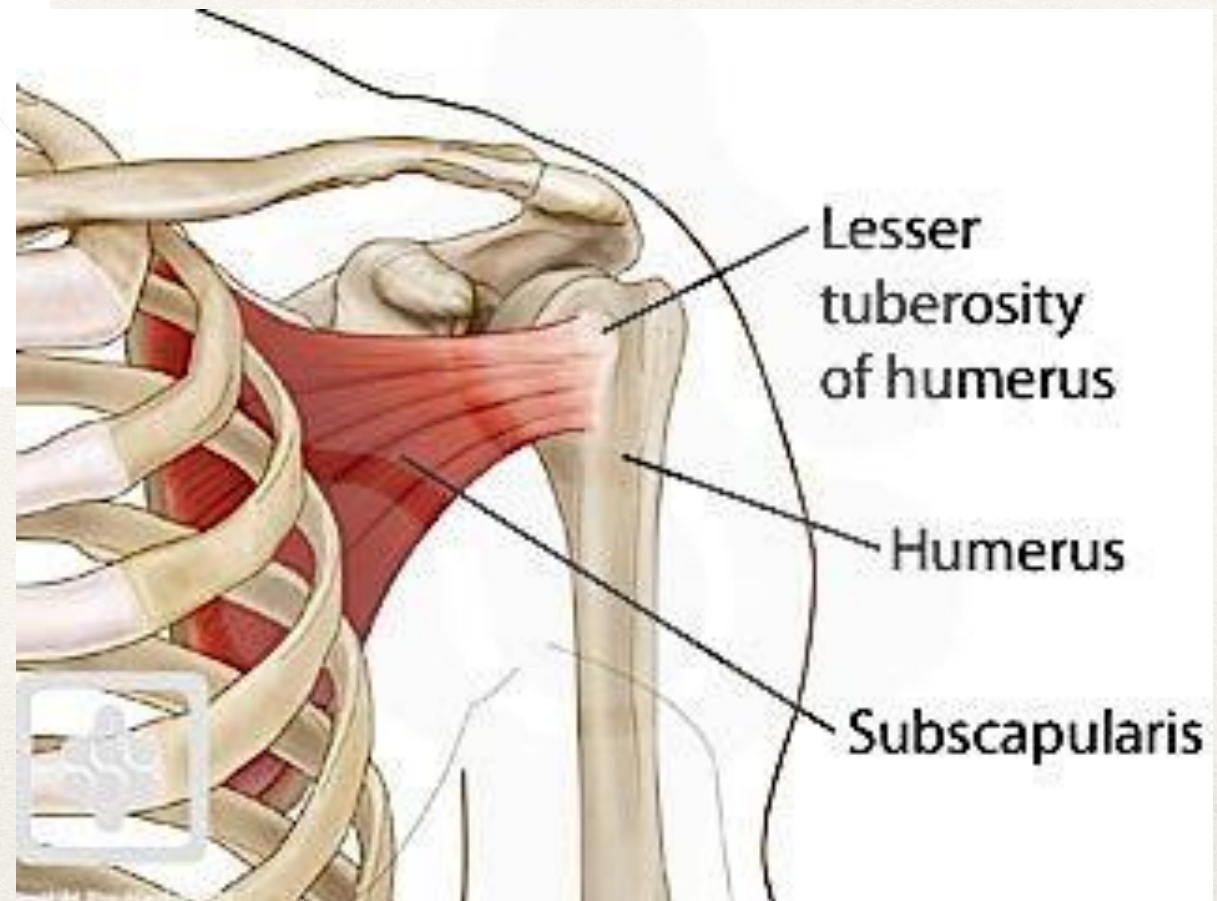
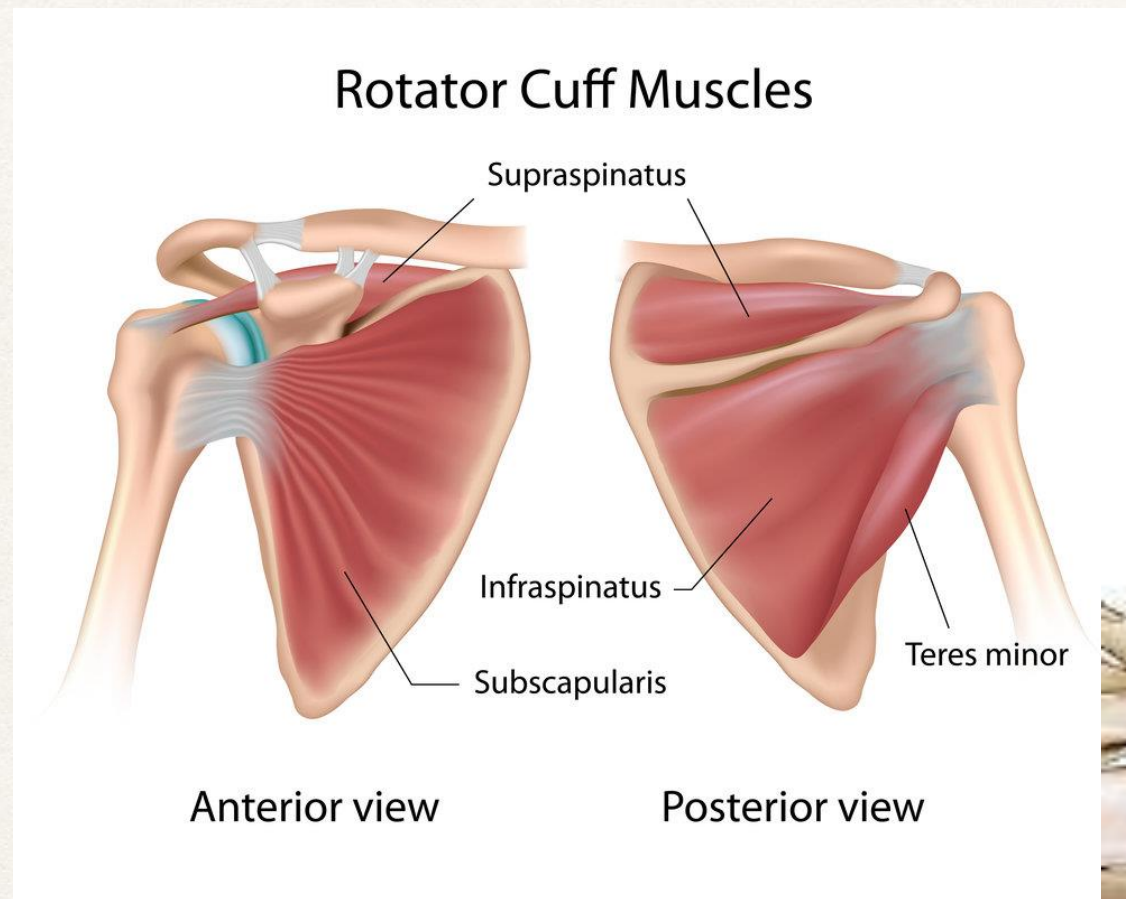
Shoulder History



- ✓ Nature of the problem – pain, instability, stiffness
- ✓ Duration
- ✓ How did it onset
- ✓ Location of pain
- ✓ Radiation of the pain
- ✓ Aggravating factors
- ✓ Relieving factors
- ✓ Pain during and/or after activity
- ✓ Pain at night
- ✓ Neurological symptoms
- ✓ Handedness
- ✓ Occupation – “WHACS” questions
- ✓ Rx to date; Past Hx; ROS; FHx; Meds; Allergies;
- ✓ “Other”-reason for visit at this time; sporting history; legal



Functional anatomy



Examination

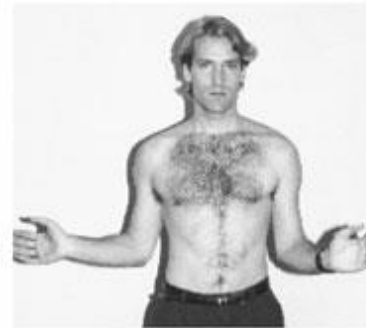
Range of motion



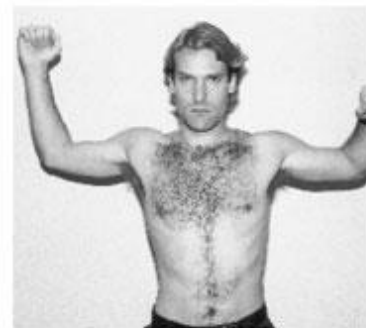
1. Forward elevation
(maximum arm-trunk angle)



2. Abduction (note classic painful arc)



3. External rotation
(arm comfortably at side)



4. External rotation
(arm at 90 degree abduction)

Impingement signs



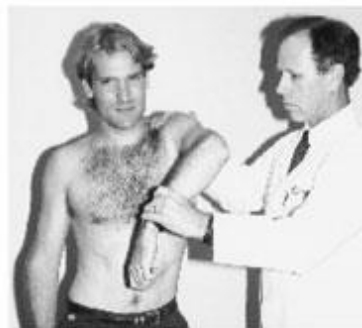
6. Impingement I (passive forward
elevation in slight internal rotation)



7. Impingement II (passive abduction
90 degree external rotation)



8. Impingement III (passive abduction
90 degree internal rotation)



9. Impingement IV (passive
adduction: crossover)

Strength



10. Forward flexion



11. External rotation (arm comfortably
at side—teres minor/infraspinatus)



12. Internal rotation (arm comfortably
at side—subscapularis)

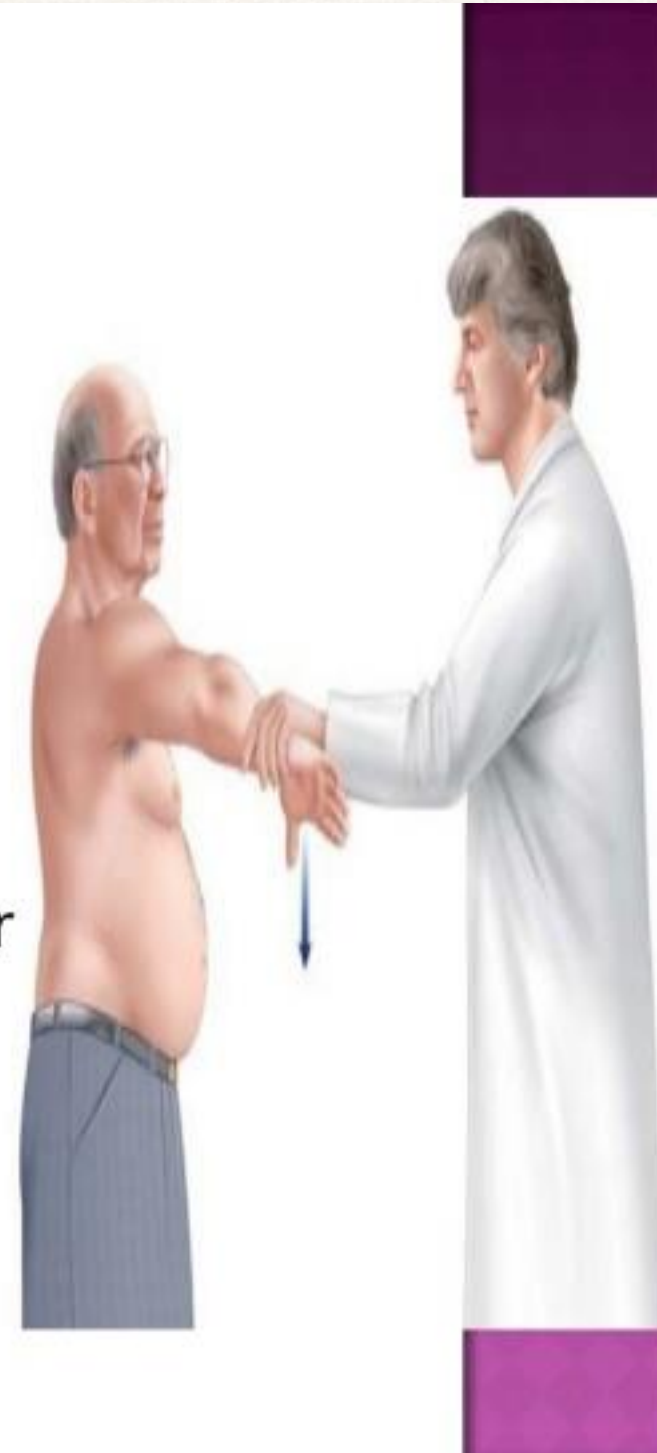


13. Abduction—supraspinatus

IMPINGEMENT SIGNS

▮ Jobe's Empty can / full can test test:

- arm abducted to 90, in the plane of the scapula, 30° flexion and full internal rotation (empty can) or 45° external rotation (full can), elbow extended
- Patient resists downward pressure exerted by examiner at patients elbow or wrist.
- Muscle testing against resistance
- Weakness or insufficiency of supraspinatus
- Tear / impingement



Hawkins-Kennedy Test

- ◆ patient sitting with arm at 90° forward elevation and elbow flexed to 90°.
- ◆ Examiner then quickly moves the arm into internal rotation.
- ◆ +ve = Pain located to the sub-acromial space
- ◆ Subacromial impingement, rotator cuff tendinitis



Active compression test of O'Brien

- **Purpose** = assess the integrity of superior aspect of the shoulder labrum
- **Patient position** = standing, arm forward flexed to 90° and the elbow fully extended
- **Examiner position** = stands slightly behind and adjacent to the test shoulder
- **Test procedure** = the examiner puts one hand on the patient's shoulder to stabilize the scapula and clavicle and the other hand on the forearm of the affected arm. The arm is horizontally adducted 10° to 15° (starting position) and intrarotated with the thumb faces downward (pronated). The examiner applies a downward eccentric force to the arm. The arm is returned to the starting position, the thumb is upward (supination) and the downward eccentric load is repeated.
- **Indication of a positive test** = if pain or painful clicking is produced inside the shoulder(not over the A/C joint) in the first part of the test (intrarotation) and eliminated or decreased in the second part (extrarotation), the test is considered positive for labral abnormalities
- **Clinical note/caution** = the test also "locks and loads" the A/C joint in I/R
- **Reliability/Specificity/Sensitivity** =
Specificity: 31% to 99% Sensitivity: 54% to 100%



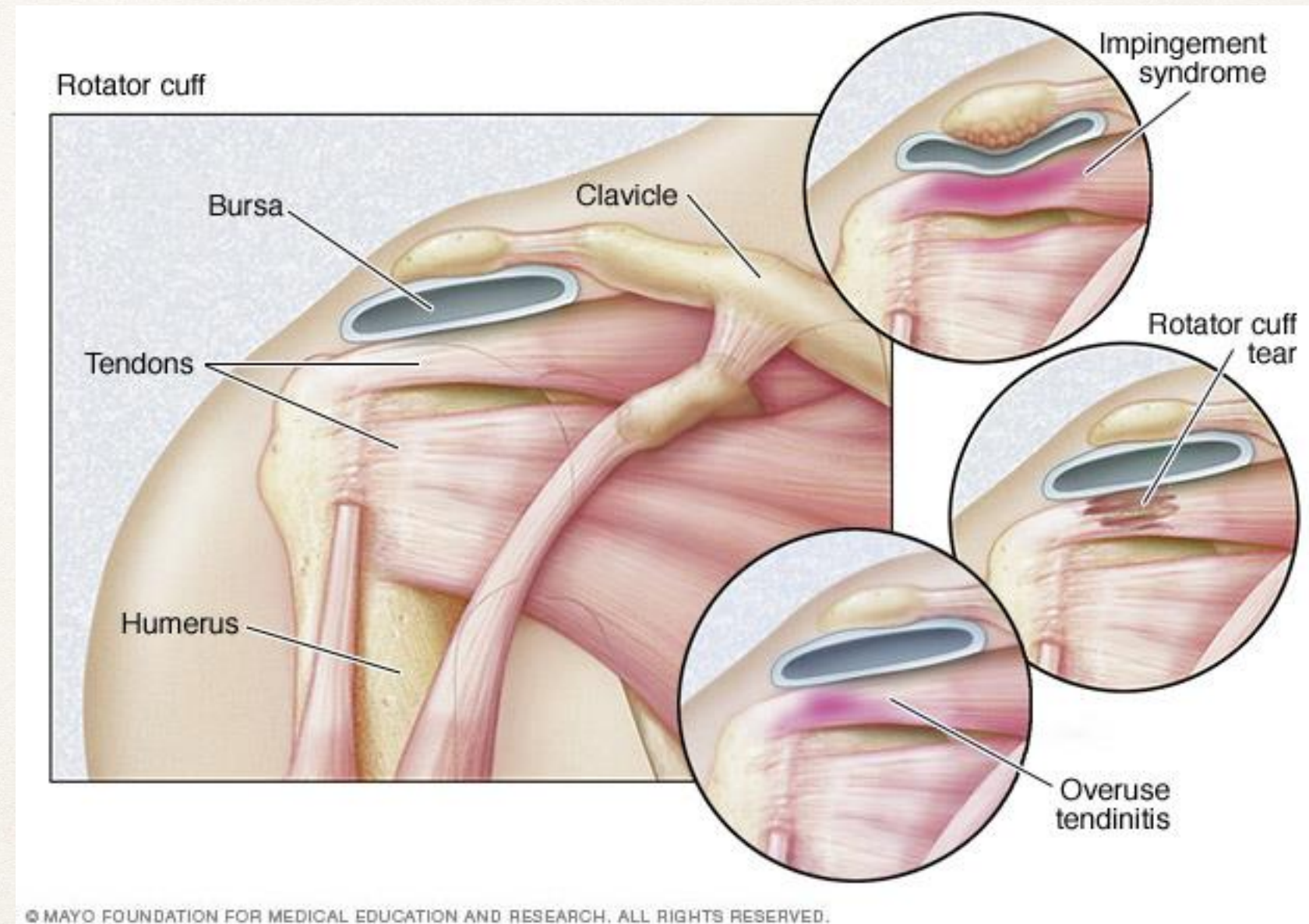
Investigations

Xray

USS

MR Arthrogram

Rotator Cuff and Impingement



Adhesive Capsulitis



Calcific Tendonitis

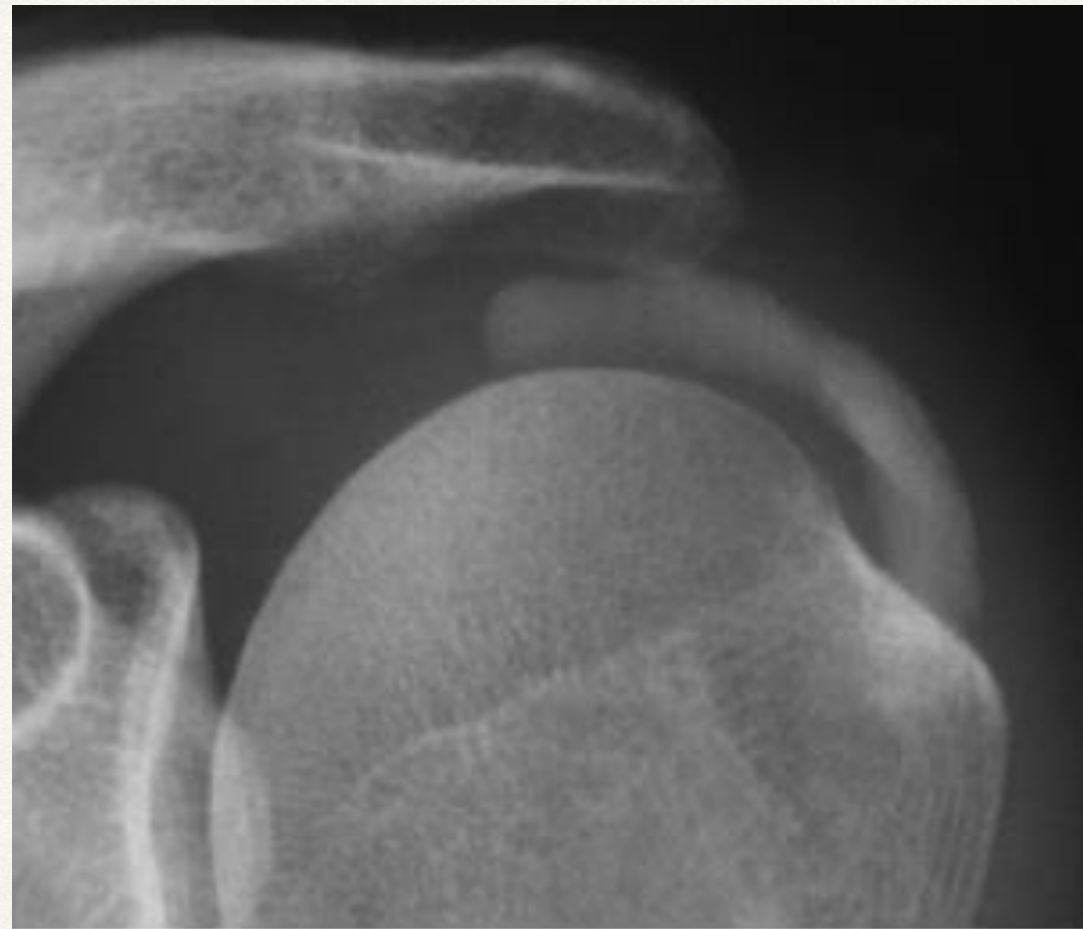


Figure 1 Homogeneous well-defined calcific deposit.

Glenohumeral Joint Osteoarthritis



Labral Injuries

