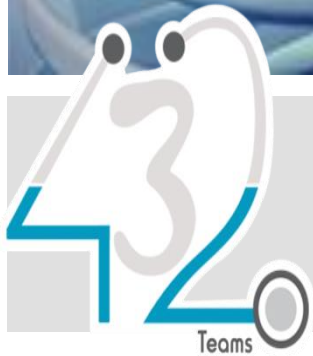


# Orthopedics

## OSCE - Shoulder Examination



Done By: Maha ALGhofaili (F1)

Team Leader: Khulood AlRaddadi (F1)

[Khulood.ALraddadi@gmail.com](mailto:Khulood.ALraddadi@gmail.com)

جامعة  
الملك سعود  
King Saud University



**Color Code:**

**Slides**

**431 team work**

**Sessions' Notes**

**Arabic Words**

**Team Notes**

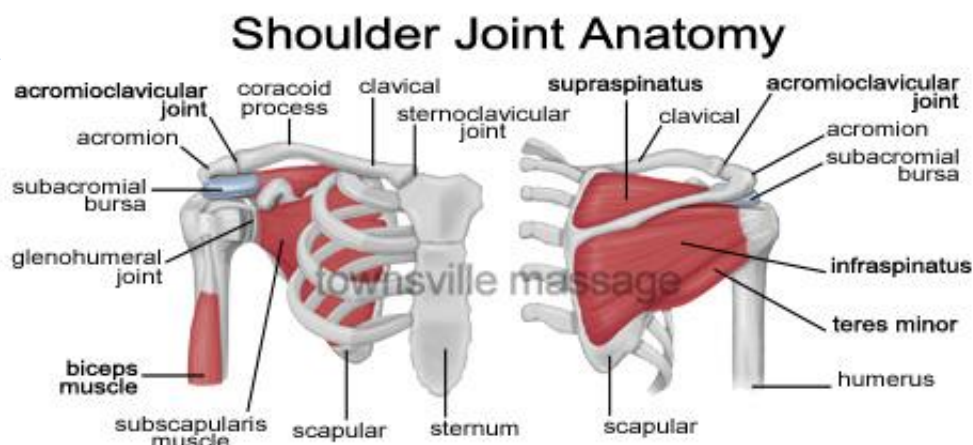
**Books' notes**

**Important**

**Other Sources**

## Shoulder Examination

### Shoulder anatomy:



### Objectives:

By the end of the teaching session, Students should be able to identify normality and abnormality by of the shoulder joint by performing a proper physical examination of shoulder joints.

### Examination:

❖ **WIPE:** (Wash hands, introduce yourself and take permission etc.)

#### 1) Look:

- 1- Expose both shoulder and upper limbs properly( **both shoulder + upper limbs or whole upper chest till umbilicus**).
- 2- **Inspect front, side and back.**
- 3- Look for Limb/joints position, alignment (deformity), swelling, or skin changes **and scars**
- 4- Muscle contour/wasting: Deltoid, Supra- Infra-spinatus muscles

#### 2) Feel: Ask if he/she has pain?

A. Boney prominences and soft tissues for swelling or tenderness.

Start with the **sternoclavicular joint**, then follow the **clavicle laterally to the acromioclavicular joint**, and so onto the **anterior edge of the acromion and around the acromion**. The **anterior and posterior margins of the glenoid** should be palpated.



The scapula's lower border and spine



Soft tissue

Supraspinatus + its insertion (around Acromion)

Biceps tendon insertion (around coracoid)

Deltoid muscle + Infraspinatus.

B. Temperature: With the dorsum of the hand and compare to the other side.

### 3) Move

A. Start with active ROM:

- 1- Forward Flexion: The motion involved in reaching forward and up to a cupboard above the head. This is measured from zero (lowest) to 180 degrees.
- 2- Abduction: 0 degree beside body and 180 at maximum Abduction.
- 3- External rotation: Ask the patient to keep the upper arms flat against his/her sides and rotate the forearms outward. The range is from zero (straight ahead) to 80-90 degrees.
- 4- Internal Rotation: Ask the patient to rotate his arm across his back and walk the fingers as far up the back as possible, recording this by vertebral level. (Inferior tip of scapula is =T7, Iliac crest=T5).



B. Note if painful/painless.

C. Attempt passive ROM if active ROM is limited or painful.

ROM: <https://www.youtube.com/watch?v=d7HfaAlgaro>

#### **4) Do special tests:**

A. Rotator cuff integrity and strength:

- Supraspinatus: (empty can test/Jobe test): Resisted abduction with the arm in 90° abduction, 30° of forward elevation in the plane of the scapula and maximally internally rotated. A positive test occurs when there is pain with weakness.

<https://www.youtube.com/watch?v=KAgCzTN5vnl>

- Subscapularis: lift-off test

The patient is asked to internally rotate arm so dorsal surface of hand rests on lower back; patient instructed to actively lift hand away from back against examiner resistance. Its positive if he/she cannot.

<https://www.youtube.com/watch?v=dfMc9nATK4k>

- Infraspinatus+Teres minor: resisted external rotation with arm against body side.

B. Stability

- Apprehension test: can be done in any position (standing –supine)
  - Patient arm in the throwing position (90 degree of Forward Flexion)
  - Move the arm backward
  - Can be done in standing, sitting or supine

<https://www.youtube.com/watch?v=qKqJRrms4u8>

C. Impingement syndrome:

- Neer's impingement sign: pain with FF with humerus in Internal rotation position.

<https://www.youtube.com/watch?v=k21FNtBjQ14>

- Hawkin's test: With the arm in the throwing position (90 degree of FF) and flexed forward about 30 degrees, forcibly internally rotate the humerus. Pain suggests Impingement of the supraspinatus tendon against the coraco-acromial ligament.

<https://www.youtube.com/watch?v=2mSv7gLXyYg>

## **5) Neurologic examination:**

I will finish my examination by doing a neurovascular examination

### **1. Motor:**

Shoulder abduction (C5), shoulder adduction (C6/7)

Elbow flexion (C5/6), elbow extension (C7)

Wrist Flexion (C6/7), Extension (C6)

Finger extension (C7), Finger Abduction (T1), Thumb Abduction (C8/T1)

**2. Sensory:** dermatomes "fine touch is enough".

**3. Tone:** normal, flaccid or rigid.

**4. Reflexes:** Biceps reflex (C5/6), Triceps reflex (C7), Supinator reflex (C6).

## **6) Vascular examination:**

**1. Pulses :** Radial pulse, brachial

**2. Capillary refill** (normal < 2 seconds).

