ASSESSMENT OF THE STIFF SHOULDER

Dr Jerome Goldberg

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DEFINITION

Loss of

- active movement &
- passive movement
CASE

- 55 yr old lady
- Housewife
- No trauma
- Family history NIDDM

- 3 month history of increasing lateral arm and night pain
- Noticed loss of ROM over last 6 weeks
CASE

- Active elevation 90
- IR to sacrum
- Power normal

- Passive elevation 90
- ER 0
CASE

WHAT INVESTIGATIONS SHOULD WE ORDER?

A. Xray
B. Utlrasound
C. MRI or MRA
D. A & B
E. A & C
CASE

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CASE

WHAT IS THE DIAGNOSIS?
A. Adhesive Capsulitis
B. Osteoarthritis
C. Locked posterior dislocation
D. Tumour
E. None of the above
CAUSES

• Adhesive capsulitis
• Osteoarthritis
• Post operative
• Dislocations – mainly the locked posterior dislocation
• tumour
• Hysterical shoulder/compensation
HISTORY

- Age
- Hand dominance
- Occupation
- Recreational activities
- Sports
- Previous shoulder ops
- Medical history
  - Arthritis
  - Diabetes/thyroid
- Family history
HISTORY

• Trauma
• Length of symptoms
• Location of pain
• Exacerbating and relieving factors
• Night discomfort
• Loss of movement
• Loss of power
• Neurological symptoms
HISTORY

Beware of

- Rest pain
- Constant pain
- Neck/scapula pain
- Paraesthesia
EXAMINATION
LOOK – FEEL - MOVE

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LOOK

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FEEL

- Sterno clavicular joint
- Clavicle
- AC joint
- Coracoid process
- Biceps
- Greater tuberosity
- Rotator cuff
- Joint lines
- Acromion/scapula
- Cervical spine
MOVE

- Rhythm - anterior
- Rhythm - posterior

CHECK FOR CREPITUS

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MOVE

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MOVE

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POWER

- E.R
- I.R.

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SPECIAL TESTS

- Impingement
- Adduction
SPECIAL TESTS

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SPECIAL TESTS

- Speed’s test
- O’Brien’s test
SPECIAL TESTS

- Anterior apprehension
- Posterior apprehension
SPECIAL TESTS

- Anterior relocation
- Posterior relocation
SPECIAL TESTS

• Sulcus sign

• Belly press/lift off
SPECIAL TESTS

- Dynamic SLAP
- Generalised lig laxity
SPECIAL TESTS

- Adson’s test
INVESTIGATIONS

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INVESTIGATIONS

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INVESTIGATIONS
INVESTIGATIONS
Thank you
SHOULDER REPLACEMENT SURGERY

Indications

• Severe pain unresponsive to nonoperative treatment
• Loss of active and passive movement
• Interference with ADL
PREOPERATIVE ASSESSMENT

• History
• Examination
• Xrays
• MRA
• 3D CT – if significant bone pathology
Many choices

All poly glenoid vs metal backed glenoid – cemented vs uncemented – long stem vs short stem - hemiarthroplasty vs TSR vs RTSR

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PARADIGM

**RC INTACT & GOOD QUALITY**
- ? Hemi / resurfacing if < 50 years
- TSR in others (unless significant glenoid retroversion then consider RTSR)

**RC TORN (OR INTACT & POOR QUALITY)**
- RTSR
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The future

Patient specific instrumentation and prostheses

Pyrocarbon

Pyro-carbon Replacement

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Thank you