DIAGNOSING SHOULDER PATHOLOGY AT THE FIRST CONSULTATION

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HISTORY

- Age
- Hand dominance
- Occupation
- Sports/hobbies
- Medical history (esp DM)
- Previous shoulder problems/ops
HISTORY

Mechanism of injury

- Fall onto outstretched arm
- Was arm forced into abd/ER
- Was arm forced into add/IR
HISTORY

- Pain location
- Night pain
- What precipitates pain
- Weakness
- Loss of motion
- Clicking
- Instability/dead arm

Beware of
- Rest pain
- Constant pain
- Neck/scapula pain
- Paraesthesia
START THINKING OF DIAGNOSIS

Under 30 years
• Impingement
• Instability

Over 50 years
• Rotator cuff tears
• Adhesive capsulitis
• arthritis

30 to 50 years
• Impingement
• Biceps tendonitis
• Arthritis AC joint
• Calcific tendonitis
EXAMINATION
LOOK – FEEL - MOVE
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FEEL

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

- Cervical spine
MOVE

• Rhythm - anterior
• Rhythm - posterior
MOVE

• Active Forward elevation

• Passive forward elevation
MOVE

- Passive E.R.
- Passive I.R.
MOVE

- abduction
POWER

• E.R

• I.R.
SPECIAL TESTS

- Impingement
- Adduction
SPECIAL TESTS
SPECIAL TESTS

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

• Biceps lift
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
INVESTIGATIONS
INVESTIGATIONS

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Distinguish between Impingement & full thickness RC tears

- Symptoms often the same
- Pain with activity & pain at night
- Positive impingement sign
- Fair active ROM
- Good passive ROM

- Full thickness RC tears have loss of E.R. power
Patient has loss of both active & passive motion

- Passive ER is 0 degrees
- Power is normal

Diagnosis
- Adhesive capsulitis
- Osteoarthritis

Needs xray
Thank you