Interpretation of the clinical examination of the shoulder

- **Capsular pattern**
  - Limited range
    - **Non-capsular patterns**
      - Inert structures other than the capsule
    - Full range
      - **Resisted movements are negative**
      - Resisted movements are positive
    - Excessive range
      - Positive instability tests
  - Positive instability tests
  - Instability
  - See overleaf
  - **Limited scapulohumeral range**
    - Limited passive elevation
    - Limited passive medial rotation
    - Limited passive lateral rotation
    - Pain at end of range
  - Traumatic arthritis
  - Monoarticular steroid-sensitive arthritis
  - Immobilizational arthritis
  - Shoulder-hand syndrome
  - Haemarthrosis
  - Crystal synovitis
  - Septic arthritis
  - Primary tumours
  - Metastases
  - Aseptic necrosis
  - Osteonecrosis
  - Rheumatoid-type arthritis

- **Arthritis**
  - Normal scapulohumeral range
  - Limited scapulohumeral range
  - Shoulder girdle problem
  - Acute subacromial bursitis
  - Posterior capsular contraction
  - Subcoracoid bursitis
  - Anterior capsular contraction
  - Acromioclavicular sprain
  - Chronic subdeltoid bursitis
  - Lesion of conoid/trapezoid ligament
  - Anterior instability
  - Posterior instability
  - Inferior instability

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The Shoulder

- Resisted adduction is positive
  - Pain
  - Weakness
  - Supraspinatus tendinitis
  - Partial rupture supraspinatus
    - Pain and weakness
    - Musculotendinous
      - Tenoperiosteal superficial
      - Tenoperiosteal deep
      - Tenoperiosteal extended
      - Deltoid lesion
    - C5 nerve root lesion
    - Neurological lesion
    - Complete rupture supraspinatus
      - Suprascapularis nerve lesion
      - Axillary nerve lesion
      - Superficial
        - Deep
        - In isolation
        - In combination with supraspinatus rupture/infraspinatus rupture
      - C6 nerve root lesion
    - In combination with infraspinatus rupture
    - Combined with subscapularis rupture
    - C5 nerve root lesion
    - Suprascapularis nerve lesion

- Resisted abduction is positive
  - Pain and weakness
  - Weakness
  - Neurological lesion
  - Complete rupture supraspinatus
  - Suprascapularis nerve lesion
  - Axillary nerve lesion
  - Deep
  - In isolation
  - Combined with supraspinatus rupture/infraspinatus rupture
  - C6 nerve root lesion

- Resisted internal rotation is positive
  - Pain and weakness
  - Subscapularis tendinitis
  - Subscapularis (partial) rupture
  - Weakness
  - Musculotendinous
    - Superficial
    - Deep
    - Extended
  - Partial rupture infraspinatus
  - In isolation
  - Combined with infraspinatus rupture
  - Combined with subscapularis rupture
  - C5 nerve root lesion
  - Suprascapularis nerve lesion

- Resisted external rotation is positive
  - Pain and weakness
  - Complete rupture infraspinatus
  - Weakness
  - Musculotendinous
    - Superficial
    - Deep
    - Extended
  - Partial rupture infraspinatus
  - In isolation
  - Combined with infraspinatus rupture
  - Combined with subscapularis rupture
  - C5 nerve root lesion
  - Suprascapularis nerve lesion

- Resisted elbow flexion is positive
  - Pain
  - Weakness
  - Biceps rupture
  - C5 nerve root
  - C6 nerve root
  - Painful arc?
  - Triceps lesion

- Resisted elbow extension is positive
  - Pain
  - Weakness
  - C7 root lesion

Contractile structures