Interpretation of the clinical examination of the shoulder girdle

Inert structures

Passive elevation is painful

- Disorders of sternoclavicular joint
  - Sprain of sternoclavicular joint/ligaments
  - Posterior sternoclavicular ligaments
  - Arthrosis
  - Rheumatoid arthritis
  - Septic arthritis
- Sprain of acromioclavicular joint
- Disorders of first rib
  - Sprain of first costotransverse joint
  - Stress fracture of first rib
- Traction fracture of spinous process C7/T1
- Lesion of conoid/trapezoid ligament
- Beginning of idiopathic contracture of costocoracoid fascia
- Neural compression
  - Compression of dura mater
  - T1–T2 nerve root compression

Active protraction is painful

- Lesion of conoid/trapezoid ligament
- Compression of T1–T2 nerve root
- Idiopathic contracture of costocoracoid fascia
- Compression of dura mater
- Compression of upper thoracic dural sleeve

Active approximation is painful + passive approximation is painful

- Ankylosis of acromioclavicular joint
- Disorders of sternoclavicular joint
  - Ankylosis
  - Traumatic dislocation
  - Hyperostosis
- Disorders of costocoracoid fascia
  - Idiopathic contracture
  - Neoplasm
  - Healed apical tuberculosis
  - Post-radiation therapy
  - Haematoma between costocoracoid fascia and ribs
- Scapular metastases
- Apical tumour of lung
- Disorder of spinal accessory nerve
- C2–C4 nerve root lesion

Active elevation is painful and limited + passive elevation is painful and limited

Active elevation is limited + resisted elevation is weak

- Disorders of sternoclavicular joint
- Disorders of costocoracoid fascia

Contractile structures

Resisted elevation is painful

- Levator scapulae
- Trapezius
- Traction fracture of spinous process C7–T1
- Stress fracture of first rib

Resisted protraction is painful

- Pectoralis major
- Pectoralis minor
- Serratus anterior

Resisted approximation is painful

- Rhomboids
- Trapezius

Resisted approximation is weak

Resisted depression is painful

- Subclavius
- Pectoralis minor
- Latissimus dorsi

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