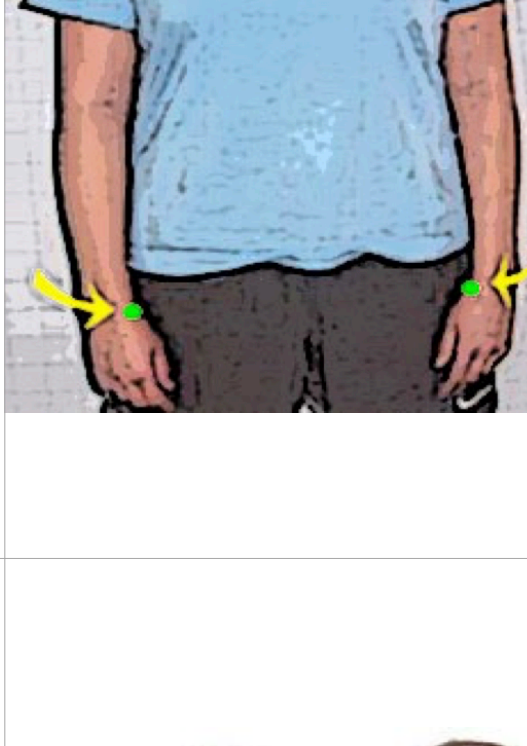


Self-Tests of the Shoulder

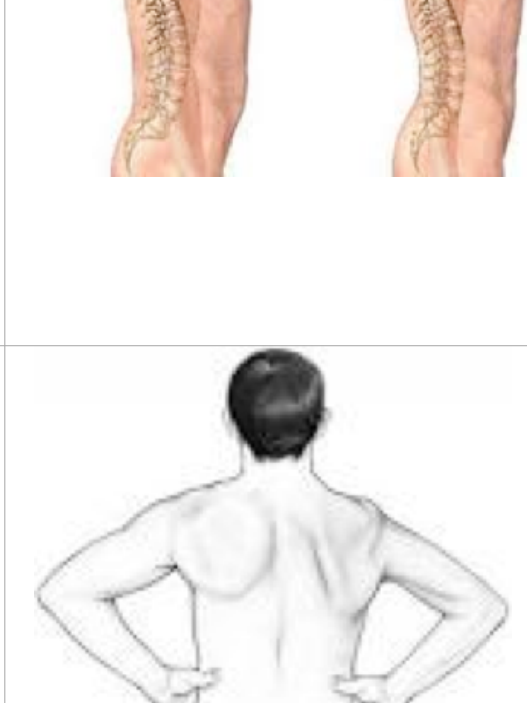
Posture and Shoulder Health

Do you have good shoulder posture? It is essential for neck and shoulder health.

Do you have rounded shoulders and do your arms internally rotate? Look at your arms as they hang by your side. Are they on the lateral aspect of your leg or do they come forward to the front of your leg making you appear like you have an ape like posture (roundness, increased kyphotic posture). Many bodybuilders and weightlifters have this posture. The only fingers that you should see are your index finger with your thumb. If you see more than that most likely you have rounded shoulders. Rounded shoulder posture increases your chances of rotator cuff issues and upper back and shoulder pain. **If you have Postural Deviations there are strategies and exercises to correct them.**



Do you have a kyphotic back? In many cases it is caused by poor posture and a weakening of the muscles and ligaments in the back (paraspinous muscles). Look at a side view picture of yourself. Is there a noticeable protrusion in your upper back? Do your arms hang forward and not by your side? Is there a noticeable roundness to your upper back? Does your head extend excessively forward? If you said yes you may have a kyphotic upper back a common postural deviation. A trainer can assess the amount of roundness by measuring the distance between your scapula and vertebrae. A distance of > 2" is considered excessive. Some of this is due to genetics.



Do you have a winged Scapulae? This is where the scapular spine jets out. It could happen on one side.



Flexibility and Shoulder Health

Being overly flexible or overly tight is not beneficial for shoulder health of for that matter any joint. An adequate (normal) and balanced (ie. symmetry: side vs side / right vs left) amount of flexibility is preferred. Tests: All motion should be without compensation or catching and should be pain free. Pain could be a sign of dysfunction. If you have pain seek medical consultation. Perform tests slowly. *Loss of shoulder range of motion might be an early indicator of developing osteoarthritis, especially if pain is present.

Can you touch your opposite shoulder blade? Do on both sides.



Can you cup opposite shoulder with hand? Do on both sides. Both sides should feel the same and there should be no pain.



Can you touch opposite ear with arm without moving head and too much force? Do on both sides. Both sides should feel the same and there should be no pain.

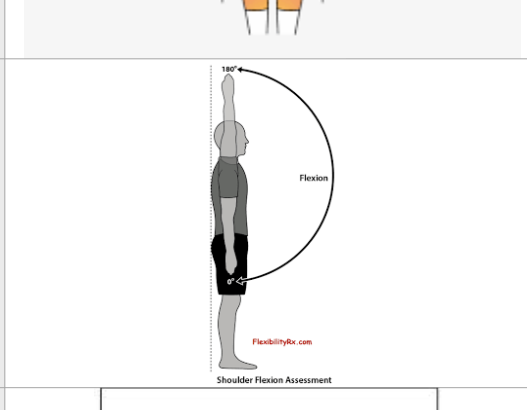


As pictured can you perform this stretch where your elbows and chest line up? Both sides should feel the same with no pain.

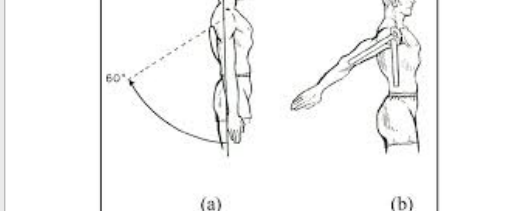


Movement and Shoulder Health

Can you raise your arm from side to overhead 180 degrees (abduction)? Do on both sides. Both sides should feel the same with no pain.



Can you raise your arm from front to back 180 degrees (flexion)? Do on both sides. Both sides should feel the same with no pain.



Can you raise your arm from front to back 60 degrees (extension)? Do on both sides. Both sides should feel the same with no pain.



With back and head against wall reach overhead with straight arms with palms facing in. You should be able to touch the wall with your thumbs without deviation of the torso? Both sides should feel the same with no pain.

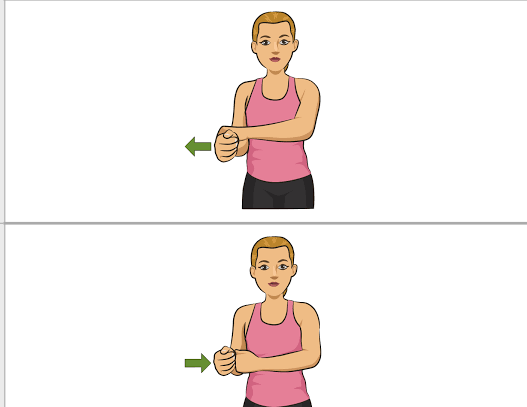


As pictured can you internally rotate and externally rotate your shoulder 80-90 degrees? Do on both sides. Both sides should feel the same with no pain.

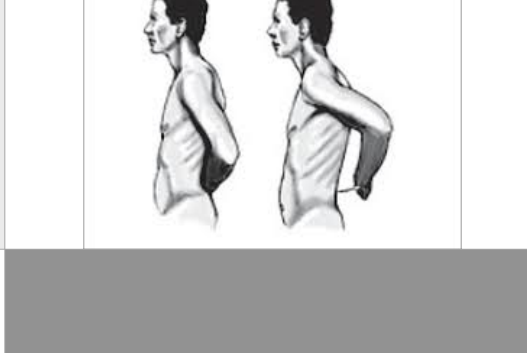


Strength and Shoulder Health

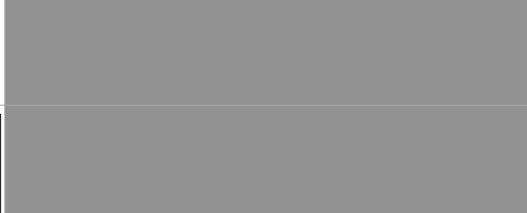
As pictured keeping elbow at 90 degrees can you perform external isometric rotation without pain and with a good degree of strength? Repeat on other side. Both sides should feel the same.



As pictured keeping elbow at 90 degrees can you perform internal isometric rotation without pain and with a good degree of strength? Repeat on other side. Both sides should feel the same.



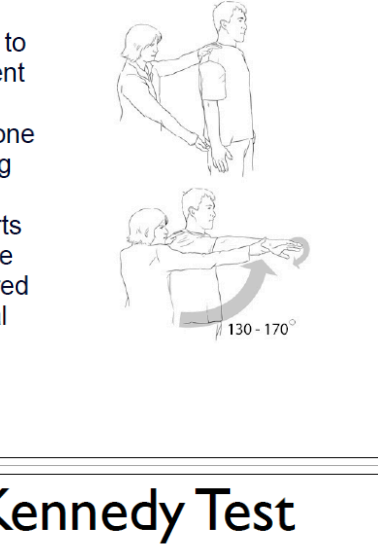
As pictured can you lift your hand off the small of your back? Repeat on other side. Both sides should feel the same.



Advanced Test of the Shoulder used by professionals

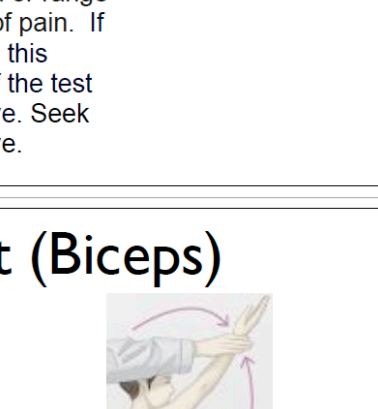
Painful Arc Test

This is a general test of shoulder function. Have subject abduct the arm in the scapular plane. Once there is an onset of pain the trainer will instruct the patient to continue abducting the arm as high as they can. Once the subject gets to approximately 120 degrees of abduction there should be a reduction in the amount of pain being experienced. Following completion of the abduction movement the subject should then slowly reverse the motion, bring the arm back to neutral position via the movement of adduction. This test is considered to be positive if the subject experiences pain between 60 and 120 degrees of abduction which reduces once past 120 degrees of abduction. If the subject reports pain in this position, then the result of the test is considered to be positive. Seek Medical Attention if positive.



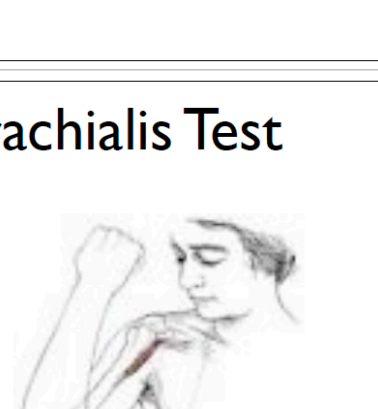
Neer Test

This test is commonly used to identify possible impingement and/or bursitis. The trainer stabilizes the scapula with one hand, while passively flexing the arm while it is internally rotated. If the subject reports pain in this position, then the result of the test is considered to be positive. Seek Medical Attention if positive.



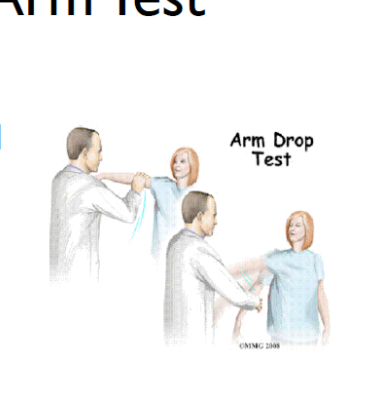
Hawkins Kennedy Test

This test is commonly used to identify possible impingement like the Neer test. The trainer moves the arm of the shoulder to be tested such that the arm is in 90 degrees of forward flexion and the elbow is flexed to 90 degrees. In the starting position the trainer moves the patient's shoulder into internal rotation to the end or range of motion or until reports of pain. If the subject reports pain in this position, then the result of the test is considered to be positive. Seek Medical Attention if positive.



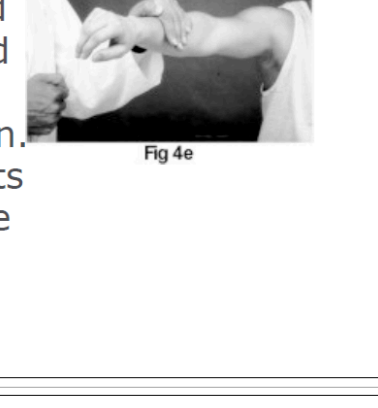
Speeds Test (Biceps)

The arm to be tested should be in about 60 degrees of front flexion with the forearm supinated and the elbow fully extended. In the starting position the examiner forcefully presses down on the subject's arm at the forearm. The subject attempts to resist the pressure of the trainer. Speed's Test is considered positive if pain is reported in the bicipital groove. Weakness in maintaining the forward flexion position will also likely be noted. A positive test may indicate biceps tendon instability or tendinitis. Tenderness on palpation of the bicipital groove also indicates bicipital tendinitis. When the trainer stops pushing down on the arm a sudden jerking motion may result. Pain at this point may indicate a positive test for sub-acromial bursitis. Seek Medical Attention if test was positive.



Coracobrachialis Test

The arm to be tested is raised forward and held with the elbow at the shoulder level, the forearm pointing to the ceiling and the palm facing to the floor. Then the trainer pushes the arm down against subject's resistance. A positive sign is weakness or pain. Seek Medical Attention if test was positive.



Drop Arm Test

If your Trainer lifts your arm for you, and you cannot hold it up, this is called a positive **Drop Arm Test**. This a positive test and usually means the rotator cuff is torn. Seek Medical Attention if positive.



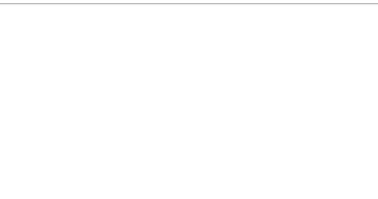
Supraspinatus Strength Test for rear rotator cuff

Supraspinatus strength is tested with the arm held at 90 degrees of scapular elevation. The patient resists a downward force applied by the examiner on the patient's arm.



External Rotation Strength Test for rear rotator cuff

Strength in external rotation is tested with the elbow held by the side and flexed at 90 degrees, with the patient applying outward resistance against the examiner's inward push on the hand.



Subscapularis Strength (Lift-off) Test

To test the strength of the subscapularis muscle, the hand of the affected shoulder is placed behind the back. The subject pushes outward, countering an inward push on the palm applied by the trainer. The trainer can measure the current strength of the subscapularis muscle by determining how much force is needed to resist the subject's attempt to lift his/her hand from the back.

The Apprehension Test

The Apprehension Test is generally used to test the integrity of the shoulder joint. The subject should be positioned in supine, but can be done in a supported standing position. The trainer flexes the patient's elbow to 90 degrees and abducts the patient's shoulder to 90 degrees, maintaining neutral rotation. The trainer then slowly applies an external rotation force to the arm to 90 degrees while carefully monitoring the subject. Subject apprehension from this maneuver, not pain, is considered a positive test. Pain with the maneuver, but not apprehension may indicate a pathology other than instability, such as posterior impingement of the rotator cuff. Seek medical attention if positive.

