

**Specific Testing/Maneuvers
of the Shoulder**

Painful Arc of Motion


Structure/sign being tested: Possible impingement syndrome

Position of Patient: Standing, arms at sides

Position of examiner: Standing in front of patient

Procedure: With palms facing forward, patient abducts both arms from 0° to 180°

Positive Test Result: Reproduction of pain on abduction between 60° and 120° of motion

 Reference # 4,5

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Rotator Cuff Strength Testing


Structure/sign being tested: Rotator cuff muscles

Position of Patient: Standing

Position of examiner: In front of patient

Procedure: Resisted testing (often of both shoulders for comparison) with arms extended and about 90 degrees abduction or forward flexion (supraspinatus), at 0 degrees of abduction with external rotation (for infraspinatus/teres minor) and also at 0 degrees of abduction with internal rotation (for subscapularis)

Positive Test Result: Weakness that may be associated with pain. (It is important to distinguish weakness from pain)



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Subscapularis Lifftoff Test


Structure/sign being tested: Rotator cuff muscle-Subscapularis

Position of Patient: Standing

Position of examiner: Behind patient

Procedure: The patient internally rotates their shoulder to place their hand behind their back. They then attempt to hold their hand away from there back and keep it there unsupported otherwise for at least a few seconds.

Positive Test Result: Inability to hold hand away from body unsupported indicates possible injury/tear to subscapularis rotator cuff muscle/tendon.



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Neers Impingement Test


Structure/sign being tested: Impingement syndrome, compression of the greater tuberosity against the inferior acromion

Position of Patient: Sitting or Standing

Position of examiner: Standing lateral to involved limb. The patients shoulder is stabilized on the posterior aspect with one hand, the other hand grasps the patients arm at the elbow

Procedure: With elbow extended, the shoulder is passively flexed to its end range

Positive Test Result: Terminal forward flexion causing pain

 Reference # 4,5,13

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Hawkins Impingement Test


Structure/sign being tested: Impingement of the supraspinatus tendon under the coracoacromial arch

Position of Patient: Sitting or standing

Position of examiner: Standing lateral to involved limb, the patients shoulder is stabilized on the posterior aspect with one hand, the other hand grasps the patients arm at the elbow

Procedure: The shoulder and elbow are first passively flexed to 90°, then the shoulder is passively internally rotated (with some force)

Positive Test Result: Pain is a positive sign, especially near end range

 Reference # 4,5,8

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Sulcus Sign Test


Structure/sign being tested: Integrity of the inferior capsule of glenohumeral joint

Position of Patient: Sitting with arms relaxed and hanging at their side

Position of examiner: Standing behind or beside the patient. One hand palpates the shoulder by placing the thumb and fingers on the anterior and posterior aspects of the humeral head. The other hand grasps the arm just proximal to the elbow

Procedure: While palpating and observing the humeral head, inferior traction is applied

Positive Test Result: An observable and/or palpable space or sulcus between humeral head and acromion when compared bilaterally

 Reference # 4,11

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Anterior Apprehension Test


Structure/sign being tested: The anterior capsule of the glenohumeral joint

Position of Patient: Lying supine, or sitting.

Position of examiner: Standing behind or beside the patient. One hand is placed just distal to the shoulder, while the other hand supports the forearm proximal to the wrist

Procedure: The shoulder is abducted to 90°, and the elbow is flexed to 90°. The examiner passively externally rotates as far as patient will allow

Positive Test Result: Sensation of instability, not pain, reflected by facial or verbal visualization

 Reference # 4,9,11

**Specific Testing/Maneuvers
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Yergasons Test


Structure/sign being tested: Checking for subluxation/pain of the long head of the biceps tendon in bicipital groove, indicating laxity of the transverse humeral ligament

Position of Patient: Sitting with arm at 0° abduction, elbow flexed to 90°, and forearm pronated

Position of examiner: One hand is used to stabilize the elbow against the body, the other hand is placed on the forearm proximal to the wrist

Procedure: The examiner resists the patients attempt to supinate the forearm and externally rotate the shoulder

Positive Test Result: Subluxation, snapping or popping in the bicipital groove

 Reference # 4,5,9,15

**Specific Testing/Maneuvers
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Speeds Test


Structure/sign being tested: Biceps tendonitis, possibly ruptured biceps tendon

Position of Patient: Sitting with elbow extended, and forearm supinated

Position of examiner: The fingers of one hand are placed over the bicipital groove, the other hand is place on the forearm proximal to the wrist

Procedure: The examiner resists forward flexion to 90° while palpating the bicipital groove

Positive Test Result: Pain over bicipital groove

 Reference # 4,5
