SHOULDER ORTHOPEDIC EXAMS

DROP ARM: With the patient seated or standing, the examiner passively abducts the arm to 90-120 degrees, then asks the patient to slowly lower their arm to the side.
(+) inability to slowly lower arm
(+) arm drops suddenly
DDx: rotator cuff tear, adhesive capsulitis, bursitis

NEER IMPINGEMENT: With the patient seated or standing, the examiner stabilizes the scapula and passively flexes the arm forward in internal rotation, moving it overhead.
(+) anterior shoulder pain
DDx: subacromial impingement, supraspinatus tendinopathy, rotator cuff tear

APLEY'S SCRATCH: The patient attempts to touch the opposite scapula in three ways:
1. reaching over the shoulder
2. reaching behind the back
3. reaching across the chest.
(+) increased pain
(+) restricted ROM
DDx: adhesive capsulitis, rotator cuff pathology

SPEED'S: With the patient's arm extended, forearm supinated, and shoulder flexed to about 90 degrees, the examiner resists downward pressure while the patient maintains flexion.
(+) bicipital groove pain
DDx: bicipital tendonitis

LIPPMAN'S: With the patient's elbow flexed to 90 degrees, the examiner palpates the bicipital groove and passively moves the forearm from supination to pronation while maintaining pressure over the tendon.
(+) bicipital groove pain
DDx: bicipital tendonitis

YERGASON'S: With the patient's elbow flexed to 90 degrees and forearm pronated, the examiner resists the patient's attempt to supinate and externally rotate the arm while palpating the bicipital groove.
(+) bicipital groove pain
DDx: bicipital tendonitis

ANTERIOR APPREHENSION: With the patient supine, the examiner abducts the shoulder to 90 degrees and externally rotates it while applying gentle anterior pressure to the humeral head.
(+) increased localized pain
(+) patient displays guarding
DDx: chronic anterior shoulder dislocation, anterior shoulder instability, labral tear, rotator cuff tear

EMPTY CAN: With the patient's arms abducted to 90 degrees, slightly forward (~30-45 degrees), and internally rotated as if emptying a can, the examiner applies downward resistance while the patient maintains the position.
(+) pain
(+) weakness
DDx: supraspinatus tear, supraspinatus tendinopathy

DAWBARN'S: With the patient seated, the examiner palpates a tender point in the subacromial area, then passively abducts the patient's arm.
(+) decreased pain with arm abduction
DDx: subacromial bursitis

DUGAS: With the patient seated or standing, they are asked to place the hand of the affected arm on the opposite shoulder and then lower the elbow against the chest wall.
(+) inability to touch contralateral shoulder
DDx: shoulder dislocation