



## CLINICAL EXAMINATION

MUSCLE WASTING     DELTOID             SUPRASPIN             INFRASPIN             NIL  
PSEUDOSWELLING     YES                     NO  
TENDERNESS         ACJ                     GT                     BICEPS                 POST GHJ

<u>FORWARD ELEVATION</u>	<u>EXTERNAL ROTATION</u>	<u>INTERNAL ROTATION</u>
<input type="checkbox"/> 0 – 30	<input type="checkbox"/> HAND BEHIND HEAD, ELBOW FORWARD	<input type="checkbox"/> HAND TO LATERAL THIGH
<input type="checkbox"/> 31 – 60	<input type="checkbox"/> HAND BEHIND HEAD, ELBOW BACK	<input type="checkbox"/> HAND TO BUTTOCK
<input type="checkbox"/> 61 – 90	<input type="checkbox"/> HAND ON TOP OF HEAD, ELBOW FORWARD	<input type="checkbox"/> HAND TO LS JUNCTION
<input type="checkbox"/> 91 – 120	<input type="checkbox"/> HAND ON TOP OF HEAD, ELBOW BACK	<input type="checkbox"/> HAND TO WAIST (L3)
<input type="checkbox"/> 121 – 150	<input type="checkbox"/> FULL ELEVATION FROM TOP OF HEAD	<input type="checkbox"/> HAND TO T12
<input type="checkbox"/> 151 – 180		<input type="checkbox"/> HAND TO SCAPULA (T7)

Power in abduction at 90° (Max 25 pounds) \_\_\_\_\_

Forward elevation strength (Supraspinatus)    0 1 2 3 4 5    Affected by pain     YES     NO

External rotation arm by side (Infraspinatus)    0 1 2 3 4 5    Affected by pain     YES     NO

HORNBLOWERS SIGN (TERRES MINOR)     YES                     NO

BELLY PRESS TEST     YES     NO    LIFT OFF TEST     YES     NO

HAWKINS IMPINGEMENT     YES     NO    NEERS IMPINGEMENT     YES     NO

O'BRIEN'S TEST     YES     NO    LABRAL SHEAR TEST     ANT     POST     NIL

YERGESON'S TEST     YES     NO    SPEED'S TEST     YES     NO

JERK TEST     YES     NO

JOBES APPREHENSION / RELOCATION TEST     YES                     NO

SULCUS SIGN     YES     NO    LIG LAX     YES     NO

LOAD AND SHIFT TEST                    1    2    3    POSTERIOR                    1    2    3

NECK     PAINFREE FULL ROM                     LIMITED ROM OR PAIN

XRAY \_\_\_\_\_

MRI/US \_\_\_\_\_

PROVISIONAL DIAGNOSIS \_\_\_\_\_

MANAGEMENT PLAN \_\_\_\_\_