



# 5 steps to assess the shoulder

within 10 minutes

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## 5 steps to assess the shoulder

- Nº1 Range of movement** – active, passive, resisted.  
Reduced active ROM in external rotation and can't get further passively – implies frozen shoulder. Painful arc of movement – implies rotator cuff pathology.
- Nº2 Positive empty can, Hawkins-Kennedy, Neer's tests** with a painful arc – suggests rotator cuff pathology.
- Nº3 Positive Speed's, Yergason's, O'Brien's tests** – implies biceps tendon pathology.
- Nº4 Positive scarf test, tender ACJ, painful terminal flexion and abduction** – suggests ACJ pathology.
- Nº5 Positive load and shift, inferior sulcus sign and anterior apprehension test** – suggests instability.

### Top Tips

- Don't forget the cervical spine as a cause for referred pain to the shoulder.
- If there is diagnostic uncertainty or patient not improving – refer on.

### Red Flags

- Under 18 with atraumatic shoulder pain.
- Shoulder pain in the context of potential visceral pathology, e.g. lung apices, heart, diaphragm, spleen, etc.