**Special Tests for Shoulder Injuries**

**Glenohumeral Instability Tests**

**Load & Shift Test**

* Have the person sit with their arm resting on their thigh
* Stand behind them with one hand stabilizing their shoulder
* With the other hand, grasp the head of the humerus with your thumb on the posterior side and fingers over the anterior side
* Press the humerus into the glenoid fossa and then apply an anterior or posterior force and notice the translation
* Movement of up to 25% of the size head of the humerus is considered normal
  + 25-50% is considered a grade I dislocation
  + Over 50% translation with the humerus returning to its normal position is considered a grade II
  + Grade III is when the humerus doesn’t return to normal



**Clunk Test**

This is a test for a glenoid labrum tear

* Have the person lay on their back
* Place one hand on the posterior side of their shoulder over the head of the humerus
* Hold their humerus with your other hand just above the elbow
* Fully abduct their arm over their head
* Push anteriorly with the hand under the shoulder while the other hand externally rotates the humerus
* Circumduct their arm
* A positive test is indicated by a ‘clunk’ or grinding sensation



**Apprehension Tests**

**Anterior**

* Have the athlete sit on a table and stand next to their injured shoulder
* Abduct their arm to 90° and slowly externally rotate it (if you go too fast, you can actually re-dislocate their shoulder)
* A positive sign will be the look of apprehension (grimace) on their face before you reach the endpoint and it signifies an anterior instability of the GH joint



**Posterior**

* Have the athlete lie supine on a table
* Flex their shoulder to 90° and internally rotate it
* Gently apply pressure downward on their elbow towards their shoulder (along the humerus)
* Once again, you are looking for apprehension on their face to signify a posterior instability of the GH joint



**Impingement Tests**

**Neer’s Test**

* Have the athlete sit on a table
* Grasp their wrist and forcibly flex their shoulder into an overhead position
* Pain indicates a positive test and can be indicative of an overuse injury to the supraspinatus muscle



**Hawkins-Kennedy Test**

* Have the athlete sit on a table
* Forward flex their shoulder to 90°
* Forcibly internally rotate their shoulder
* Pain is once again a positive sign and usually indicates an injury to the supraspinatus muscle



**Rotator Cuff Injury Tests**

**Drop-Arm Test**

* The athlete can either be sitting or standing
* Abduct their shoulder to at least 90°
* Instruct them to slowly lower their arm to their side
* A positive test is indicated when they cannot lower their arm slowly (it drops) or there is severe pain



**Empty Can Test**

* The athlete can either be sitting or standing
* Have them flex their shoulders to 90°, horizontally abduct 30° and internally rotate them
* Gently apply a downward pressure on their arms
* A positive test is indicated by pain and/or weakness in their affected shoulder



**Thoracic Outlet Syndrome Tests**

**Roo’s Test**

* Have the athlete sit on a table
* Have them abduct their arms to 90° and externally rotate them
* Have them open and close their hands (make fists) for 3 minutes
* A positive test is indicated by a loss of strength in their hands or a loss of sensation caused by a compression between the clavicle and 1st rib



**Adson’s Test**

* The athlete can either be sitting or standing
* Locate their radial pulse on the affected side
* Have them rotate their head towards the test shoulder
* The athlete then leans their head back while you externally rotate their shoulder
* Instruct them to take a deep breath and hold it
* If the pulse disappears, the test is considered positive and is caused by compression of scalene muscles



**Allen Test**

* Have the athlete sit on a table
* Have them abduct their arm to 90° and flex their elbow to 90° and externally rotated
* Locate their radial pulse and instruct them to turn their head away from the affected shoulder
* If their pulse disappears, the test is positive and is caused by compression of the pectoralis minor

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**AC Joint Test**

**Acromioclavicular Shear Test**

* Have the athlete sit on a table
* Cup your hands over their shoulder, with one hand on their clavicle and the other on the spine of their scapula
* Squeeze the heels of your hands together
* A positive test is indicated by pain or abnormal movement of their AC joint



**Biceps Tendon Irritation**

**Yergason’s Test**

* Have the athlete sit on a table
* Have them flex their elbow to 90° and pronate their forearm
* Grasp their forearm with one hand and their humerus with the other
* Have the athlete supinate against resistance while also pulling down on their humerus
* The test is positive if pain is felt in the region of the bicipital groove



**Speed’s Test**

* Have the athlete sit on a table
* The athlete’s elbow should be extended and their forearm supinated
* Apply resistance as the athlete forward flexes their humerus to 60°
* The test is positive if pain is felt in the region on the bicipital groove

