

Significant History

- Age
- Extremity Dominance
- History of trauma, dislocation, subluxation
- Weakness, numbness, paresthesias
- Sports participation
- Past medical history (Diabetes, thyroid disease, cancer)
- Previous history of joint problems (Rheumatoid disorders)
- Stiffness, Range of motion limitation
- Night pain (Continuous or related to position)
- Occupation, position of arm when working
- Aggravating factors
- Alleviating factors
- Previous treatment (Therapy, NSAIDs, surgery)
- Pain location - anterior arm, upper arm, superior shoulder, interscapular
- History of malignancy

Significant Shoulder Examination

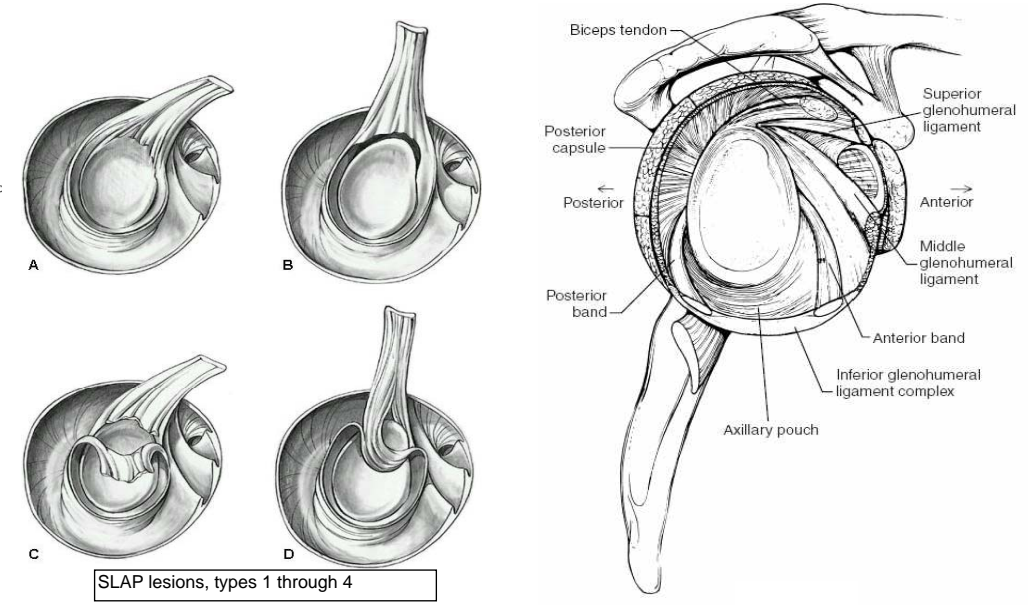
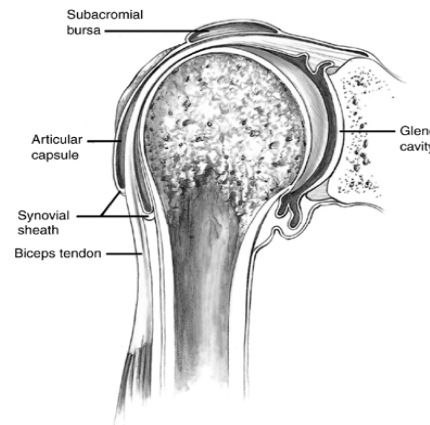
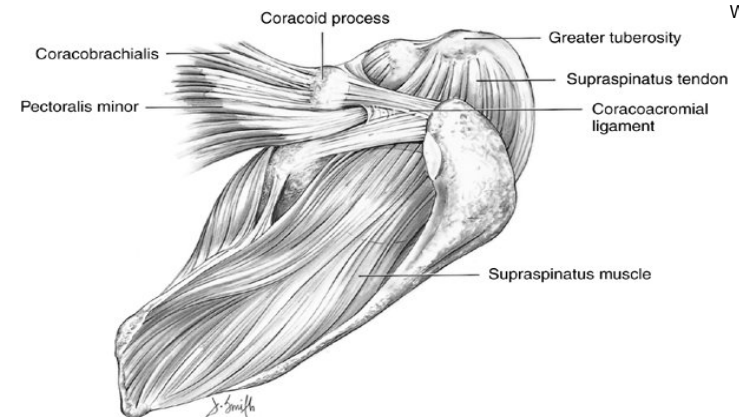
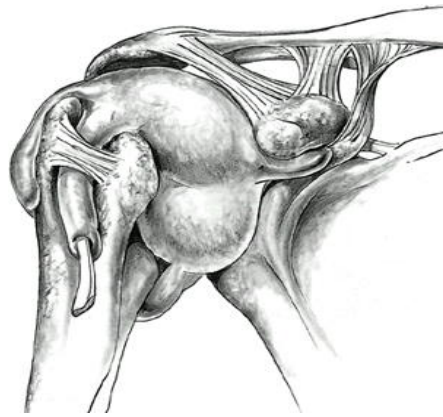
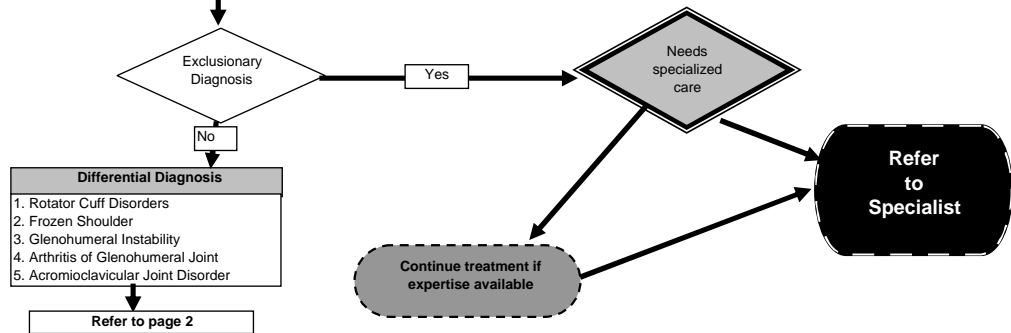
- Observation (swelling, atrophy, deformity)
- Tenderness localized to bursa, AC joint, glenohumeral joint
- Range of motion (active & passive) in planes of elevation, external rotation, internal rotation, cross body adduction
- Provocative tests for impingement & instability
- Motor & sensory upper extremity assessment
- Non-contributory cervical spine exam
- NB: exam should be bilateral and each side compared for symmetry
- Distal upper extremity examination (Check reflexes)

Significant Imaging

- True AP in internal and external rotation
- Axillary view
- Lateral in scapular plane
- If concerned about impingement syndrome
 - Outlet view
 - Caudally tilted AP (25 degrees)

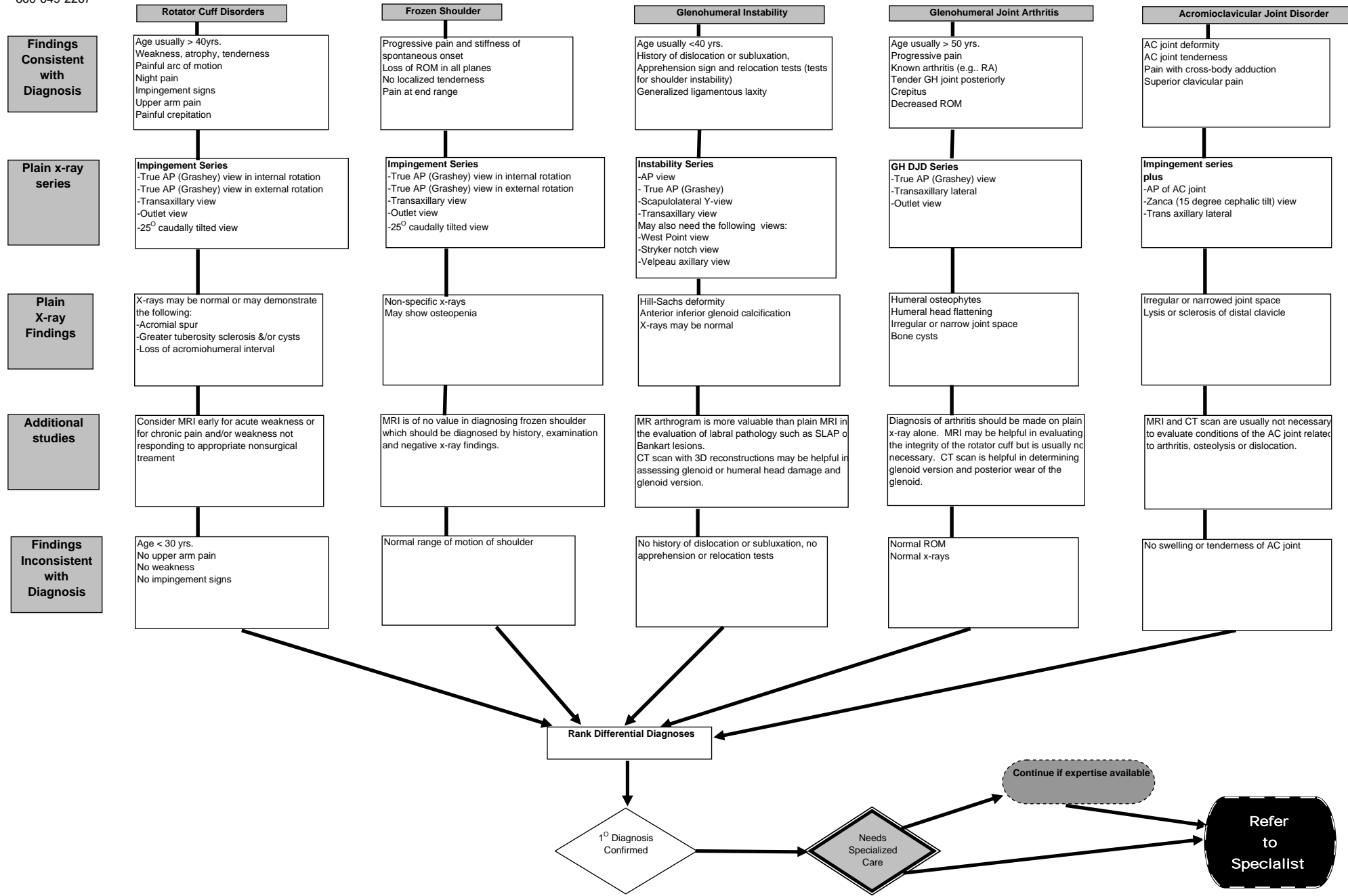
Critical Exclusionary Diagnoses

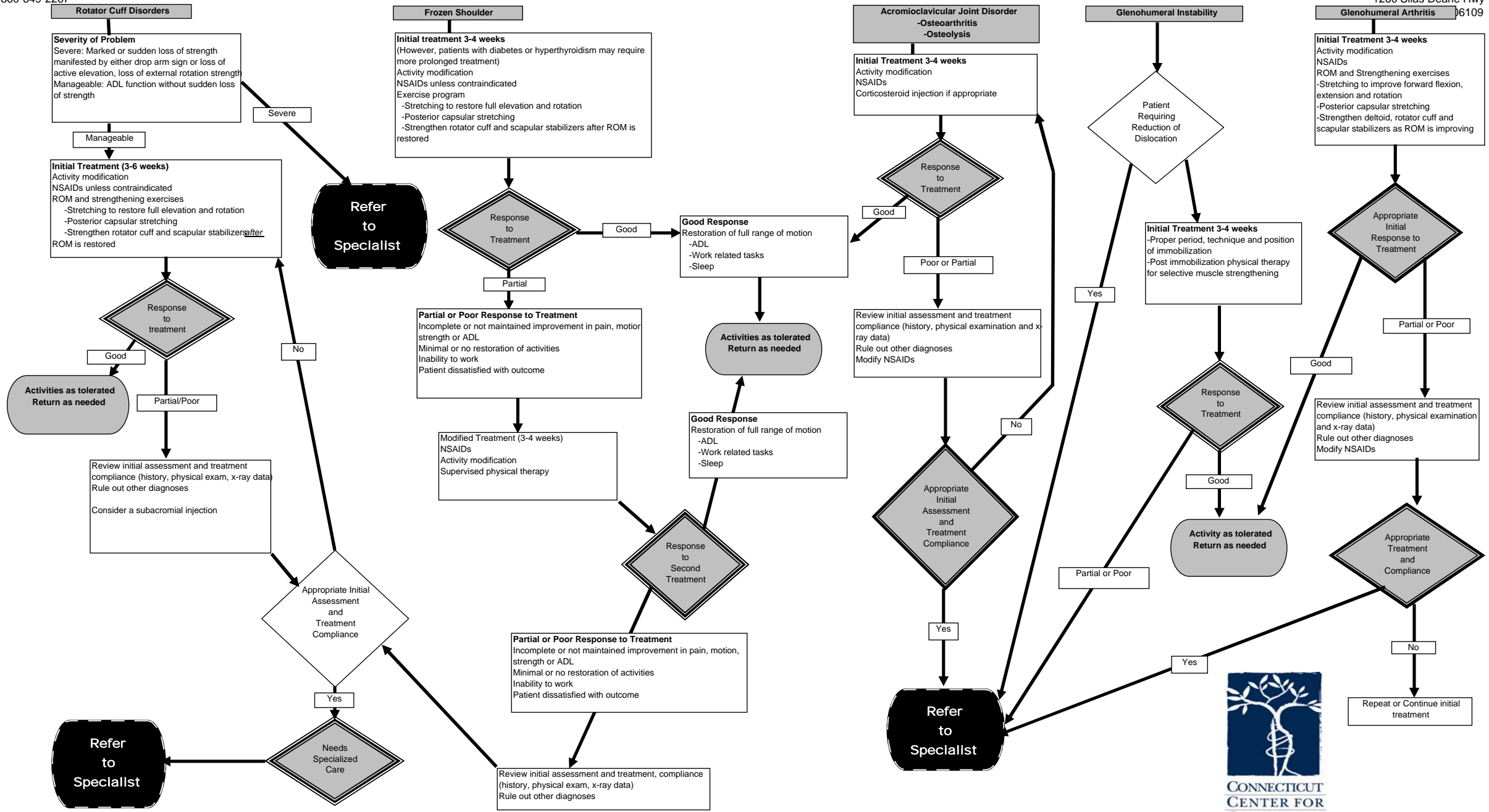
- Acute trauma (fracture, dislocation, AC separation)
- Tumor
- Infection
- Referred pain from cervical spine, chest, abdomen



Modified from and based upon the AAOS Dept of Research and Scientific Affairs on Shoulder Pain







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