

Advanced Case History: Upper Quadrant Sample Physical Examination

Observation: L arm held in a sling-like / guarded position; L wrist slightly swollen

Wrist:

AROM (degrees)	Left	Right	PROM (degrees)	Left	Right
Extension	60	75	Extension	65	80
Flexion	10 = P1	50	Flexion	15 = P1 before R1	55
Radial devn	15	20	Radial devn	15	20
Ulnar devn	10 = P1	30	Ulnar devn	15 = P1 before R1	30
Pronation	90	90	Pronation	90	90
Supination	5 = P1	90	Supination	5 = P1 before R1	90

PAMs: dorsal glide of radius on ulna reproduces P1 before R1; dorsal glide of proximal carpal row on radius + ulna reproduces P1 before R1

Pain free grip strength: R = 35 lbs (16 kg); L = 5 lbs (2.2 kg) P1 starts after this

Weight bearing through hand: R = 80 lbs (36 kg); L = 5 lbs (2.2 kg) causes P1

TFCC Grind test – positive – increased P1 (5/10) with mild loading

Palpation – tender between the FCU and the ulnar styloid process (fovea test)

Shoulder Girdle

AROM	Left	Right	PROM	Left	Right	Resisted	Left	Right
Ext rotn	60	80	Ext rotn	80	80	Ext rotn	P2	5/5
Flexion	120	180	Flexion	180	180	Flexion	P2	5/5
Abduction	120	180	Abduction	180	180	Abduction	P2	5/5

PAMs (GH, AC SC joints) – within normal limits

Scapular Musculature Strength Testing:

- Scapular Dyskinesia Test (forward flexion with 2 lb weight 5 reps) – winging of the medial border of the left scapula observed
- External Rotation Load Test (resisted external rotation at 45° of abduction) – positive left for lack of scapular control – downwardly rotates
- MFT and LFT left grade 4 on manual muscle testing
- Scapular repositioning test – AROM full and resisted testing painfree with the scapula placed in upward rotation and some elevation.

Muscle length tests:

- left pec minor short

Special tests:

- +ve Hawkins-Kennedy, -ve with repositioning of the scapula as above
- -ve labral tests

Palpation:

- tenderness of tendons of left long head of biceps and left supraspinatus

Cervical Spine:**Active/Combined Movements:**

- Left rotation $\frac{1}{2}$ range – reproduces P3
- Left side flexion $\frac{1}{2}$ range - reproduces P3
- Right side flexion $\frac{1}{2}$ range – produces a tight sensation on L side of neck
- Right rotation $\frac{3}{4}$ range – no pain
- Extension $\frac{1}{2}$ range – reproduces P3
- Left extension quadrant (combined extension/left side flexion/left rotation) – $\frac{1}{2}$ range – reproduces P3
- Right flexion quadrant (combined flexion/right side flexion/right rotation) $\frac{3}{4}$ range – produces a pulling sensation on left side of neck

Neurological Examination (conduction):

- Dermatomes – within normal limits (WNL)
- Key Muscles – within normal limits (WNL)
- Reflexes – within normal limits (WNL)

Neurodynamic Tests: ($\sqrt{\quad}$ = normal response)

- ULNT1, 2, 3 – not performed due to reduced ROM and wrist irritability

Passive Mobility Testing (PPIVMs and PAIVMs):**PPIVMs:**

- Decreased combined flexion, right side bending, right rotation $\frac{3}{4}$ ROM at C4/5 and C5/C6 with capsular end feel. No reproduction of pain
- Decreased combined extension, left side bending, left rotation $\frac{1}{2}$ ROM at C4/5 and C5/C6 early capsular end feel. Reproduction of P3

PAIVMs:

- Decreased supero-antero-lateral (SAL) glide left C4/5 and C5/C6 Z joint with an early capsular end feel. No reproduction of pain
- Decreased infero-medial-posterior (IMP) glide left C4/5 and C5/C6 Z joint with an early capsular end feel. Reproduction of P3

Stability Tests

- Negative

Cervical Vascular Screening:

- ☐ Negative

Muscle Strength/Length:

- Left lev scap and left UFT decreased length due to tone

Palpation: hypertonicity and trigger points (TP) in left lev scap and left UFT; thickening and mild discomfort left C4/5 and C5/6 zygapophyseal joints