

Three of Five Positive Tests Good Indication of Subacromial Imp

The shoulder is a joint that takes on a big burden. It needs to be able to take on a heavy load and still be able to move and need it to. When pain strikes the shoulder, however, it can become difficult to do some of the most minor of tasks. And it is common. Slightly more than 33 percent of visits to doctors for complaints of muscle, joint, or bone pain are because of shoulder problems. The most common problem is subacromial impingement syndrome, a condition where a piece of bone that is part of the shoulder blade, the acromion presses down on the rotator cuff, tendons that raise and lower the arm, and rub together.

This injury can be seen as rotator cuff tendinosis, rotator cuff partial thickness tear, or bursitis. And, although research shows that shoulder pain affects between seven and 27 percent of adults in the United States, with the most common diagnosis is subacromial impingement, there are no clear set criteria for its diagnosis, which means that treatment may be difficult to come by.

The authors of this study wanted to examine the effectiveness of screening for subacromial impingement in the hopes that it would help doctors better treat the disorder.

Researchers looked at 55 patients (47 men) who had shoulder pain for at least one week. The average amount of time, from onset to diagnosis, was two years. First, the researchers performed the Neer test. In this test, the doctor lifts the patient's arm and tries to rotate it. The shoulder reacts. The Hawkins-Kennedy test is done by the doctor holding the patient's shoulder and then moving the patient's arm, bending the elbow, against the chest. The painful arc was also done. With this test, the patient moves his or her arm, up and down, and reports any pain.

The empty can or the Jobe test was also performed. For this, the doctor lifts the patient's arm to a 90 degree angle and then moves it forward. Finally, the external rotation resistance test also involves resistance. The patient bends at the elbow and the doctor tries to push the arm outward.

After these tests, the patients underwent an arthroscopic examination of the shoulder. This involves making small incisions in the shoulder to allow the surgeon to insert a camera to look inside the joint. The goal was to see if there was impingement and if the first five tests had been able to detect it.

The researchers found that 16 of the patients did have impingement, as seen by the surgery. They also found that the painful arc, external rotation resistance and empty can tests were the most helpful in diagnosing the impingement. When using the five tests, the results of three of the tests would be a good indication of subacromial impingement, the authors of this article wrote.

Reference:

Lori A. Michener, PhD, PT, ATC, et al. Reliability and Diagnostic Accuracy of 5 Physical Examination Tests and Correlation with Arthroscopic Findings for Subacromial Impingement. In Archives of Physical Medicine and Rehabilitation. November 2009. Vol. 90. Pp. 18