

BOLD = CLIN MED

Shoulder:

Apley Scratch Tests:

Have patient reach behind neck and touch the superior angle of scapula

-checks external rotation and ABduction

Have patient reach behind back and touch the inferior angle of scapula

-checks internal rotation and ADduction

Have patient reach across chest and touch the opposite shoulder

-checks internal rotation and ADduction

Drop Arm Test:

Raise arm to 90degree angle, if arm drops, or patient has difficulty controlling lowering of arm = positive test

-tests for rotator cuff injury/tears

Yergason's Test:

Hold arm and stabilize forearm, have pt. try to externally rotate against resistance

-positive test= pop or pain

-tests for bicipital tendonitis

Empty Can Test:

Patient brings arm to 90degrees and pronates forearm, dr. pushes down on arm against resistance

-positive test= pain in supraspinatous tendon or no resistance from patient

-tests for supraspinatous tendonitis or rotator cuff tear

Apprehension Test:

ABduct arm 90degrees and then externally rotate arm (may cause pain)

-tests anterior shoulder instability

Wrists:

✓ **Tinel's Sign:**

Doctor taps on patient's flexor retinaculum with finger or reflex hammer

-positive test is "jolts of electricity" down hand

-used to test for Carpal Tunnel Syndrome

✓ **Phalen's Test:**

Patient places dorsum of hands together at chest height, compress, hold 60sec.

-positive test is pain, numbness or tingling

-used to test for Carpal Tunnel Syndrome

Opponen's Roll:

Patient sitting, Doctor sitting or stand in front of patient, grasp first and fifth digit with hands, doctors thumbs contact pisiform and navicular (scaphoid bones with thumbs), extend wrist, abduct and laterally rotate first digit with counterforce over hypothenar area
-Used to treat CTS by stretching the transverse carpal ligament and increase dimensions of the carpal tunnel

≈ Allen's Test:

Patient rapidly open and close fist then hold closed, doctor occludes radial AND ulnar artery, open fist and release one artery, look for pinking of hand, repeat for opposite artery

- tests for radial and ulnar artery insufficiency
- positive is poor return of color

✓ Finkelstein's Test:

Patient's thumb inside their fist, stabilize forearm, add ulnar deviation of wrist
-Tests for tenosynovitis of abductor pollicis longus and extensor pollicis brevis tendons
-positive test is pain over tendons

Hips/Thigh

Thomas Test:

Patient clasps fingers behind knee of contra lateral leg, pulls leg toward chest, Dr. assists patient flexion, doctor monitors gap under knee of OTHER leg (one still on table)
-positive test is increased distance (~4") between knee and table
-tests for iliopsoas restriction (tight/short iliopsoas) in leg on table
-this is an extension restriction = flexion somatic dysfunction

Patrick's /FABERE test:

Patient supine, Dr moves patients legs in movement in Flexion, ABduction, External Rotation, Extension.
-positive test is pain in the SI joint or hip
-tests for hip and or Sacroiliac joint pathology

Leseague's/Straight Leg Test:

Patient supine, dr. assist pt. straight leg raise with hip flexion until pain (normal angle ~80degrees), slightly lower leg and dorsiflexion foot.
-no pain= tight hamstring
-pain down leg = probable sciatic pain
-tests for sciatic nerve compression

✓ **Trendelenburg Test:**

Patient stand on one leg, lift (flex knee) of other leg off ground, observe the hip of the leg that's off the ground, repeat for other side

- positive= if the hip on the side of the body that has the leg off the ground falls (drops), then it is positive
- tests for the working of the gluteus medius

Knees

✓ **Anterior/Posterior Drawer Test:**

Patient supine, knee flexed to 45degrees, stabilize feet (dr. sit on pt.'s feet), grasp tibia (hands around their proximal tibia), pull tibia (anterior), push tibia (posterior)

- pull tibia= test Anterior Cruciate Ligament
- push tibia= test Posterior Cruciate Ligament
- positive test = laxity, negative test = good endpoint

Apley's Grind Test:

Patient prone, knee flexed to 90degrees, gently kneel on pt's thigh to stabilize, Dr. pushes down (put foot, lower leg, knee into compression) into table while internally then externally rotating leg

- Positive test = pain in one of the movements above
- tests the medial and lateral meniscal integrity
- the distraction test will distinguish between ligament and meniscal pain

McMurry's Test:

Patient supine, knee flexed, Dr. palpates medial joint line, moves tibia through external rotation and internal rotation into extension with valgus and varus stress

- Positive test = clicking
- tests for posterior aspect of knee meniscal integrity

Valgus/Varus Test:

Patient supine, knee flexed to 15 degrees, dr. stabilizes distal tibia and stresses with medial and lateral forces

- positive test= gapping felt on either side of knee joint
- tests medial and lateral collateral ligaments integrity

✓ **Anterior/Posterior Glide (Lachman's sign):**

Patient supine, knee flexed to 20degrees, dr pushes femur posterior and pull tibia anterior (to test Anterior) and to test the Posterior you push tibia posterior and pull femur anterior

Bounce Home

Patient supine, hold heel, flex knee allowing knee to "bounce home" into full extension

- positive test = incomplete extension of knee or slight bounce on extension
- tests for meniscal tears or motion restriction due to effusion

Cervical Spine/ Thoracic

Spurling's Test

Sidebend and backbend head with compression

- positive test = pain to ipsilateral arm
- looks for foraminal encroachment

Wallenburg's Test

Do before HVLA!! Patient supine, backbend and rotate head, wait 30 sec – it closes off blood supply on side of bending, so you test the blood flow of the opposite side

- positive test = dizziness, nausea, lightheadedness
- tests for vertebral artery insufficiency

Adson's Test

Monitor radial pulse, have patient extend head and look to side

- positive test= pain or decrease in pulse (brachial plexus and/or subclavian being pinched)
- looks for pinching in scalenes

Wright's Test

Patient sits, HyperABduct the limb and monitor radial pulse

- positive test= pain or loss of pulse
- looks for pec minor impingement

Military Test

Patient sits, extends arm, externally rotate, apply inferior traction

- positive test= loss of radial pulse
- tests for compression of subclavian vein, artery