

# Impingement syndrome

## Impingement syndrome

This is impairment of rotator cuff function within the subacromial bursa. It may lead to inflammation (tendinitis) or a partial- or full-thickness tear. Impingement is characterised by pain and weakness on abduction and internal rotation. Painful arc test ( Figure 35.24 ). Ask the patient to abduct their arms from their sides. The presence of pain from 60° to 120° is positive. Jobe's test (empty can) ( Figure 35.25 ). Ask the patient to abduct the arm to 90° elevation in the scapular plane with full internal rotation (empty can position). Ask the patient to resist downward pressure. The presence of pain is a positive test. Shoulder instability Instability may be defined as a shoulder that slips in and out of joint (dislocation) more than once or twice, or frequently slips partially out of joint and then returns on its own. Instability can be anterior, posterior, inferior or multidirectional.

(b) Figure 35.25 Jobe's test for rotator cuff impingement. Figure 35.24 (a-c) Painful arc test for rotator cuff impingement. Figure 35.26 Anterior apprehension test for anterior shoulder insta

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supine or standing, flex the elbow to 90° and abduct the shoulder to 90°. Now externally rotate the shoulder. Apprehension indicates anterior instability . Summary box 35.6 Shoulder examination

Inspection of the standing patient Front - asymmetry, deformity Side - muscle wasting Back - muscle wasting, scapula Inspection of the supine patient Skin, scars, soft tissues, deformity

Palpation of shoulder girdle (sternum to scapula) Movements Flexion and extension, abduction and adduction, internal and external rotation Special tests Impingement syndrome – painful arc, Jobe’s test, Hawkins’ test (see also Chapter 38 ) Shoulder instability – apprehension, relocation test, sulcus sign Rotator cuff assessment Acromioclavicular joint pathology Frozen shoulder versus glenohumeral osteoarthritis

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