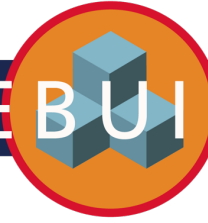


SCOREBUILDERS



**SPOTLIGHT**  
*Series*

***Need 2 Know:***  
***Shoulder***

*Presented by*

*Daniel J. Lee, PT, DPT, PhD, GCS, OCS, COMT*

# Purpose

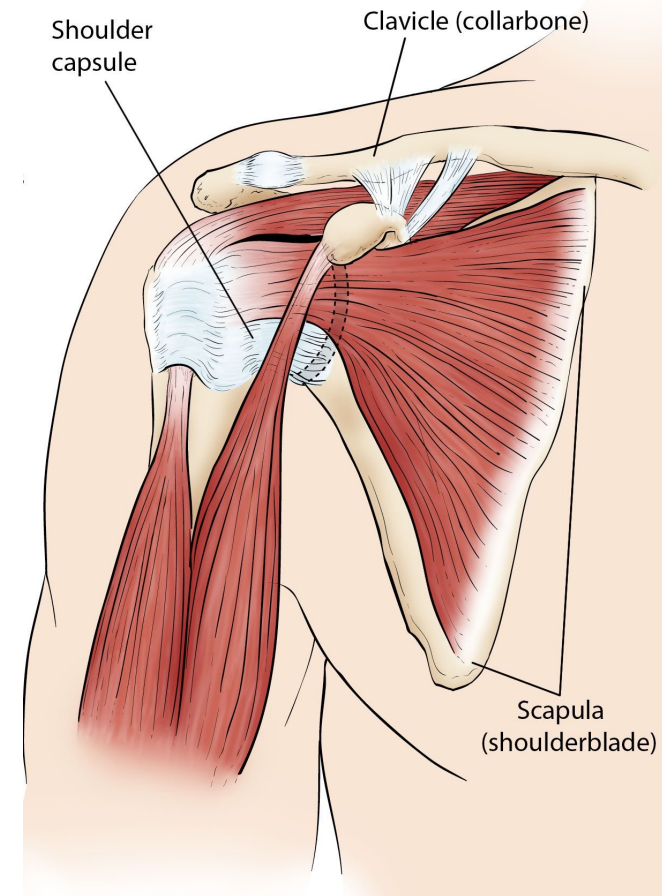
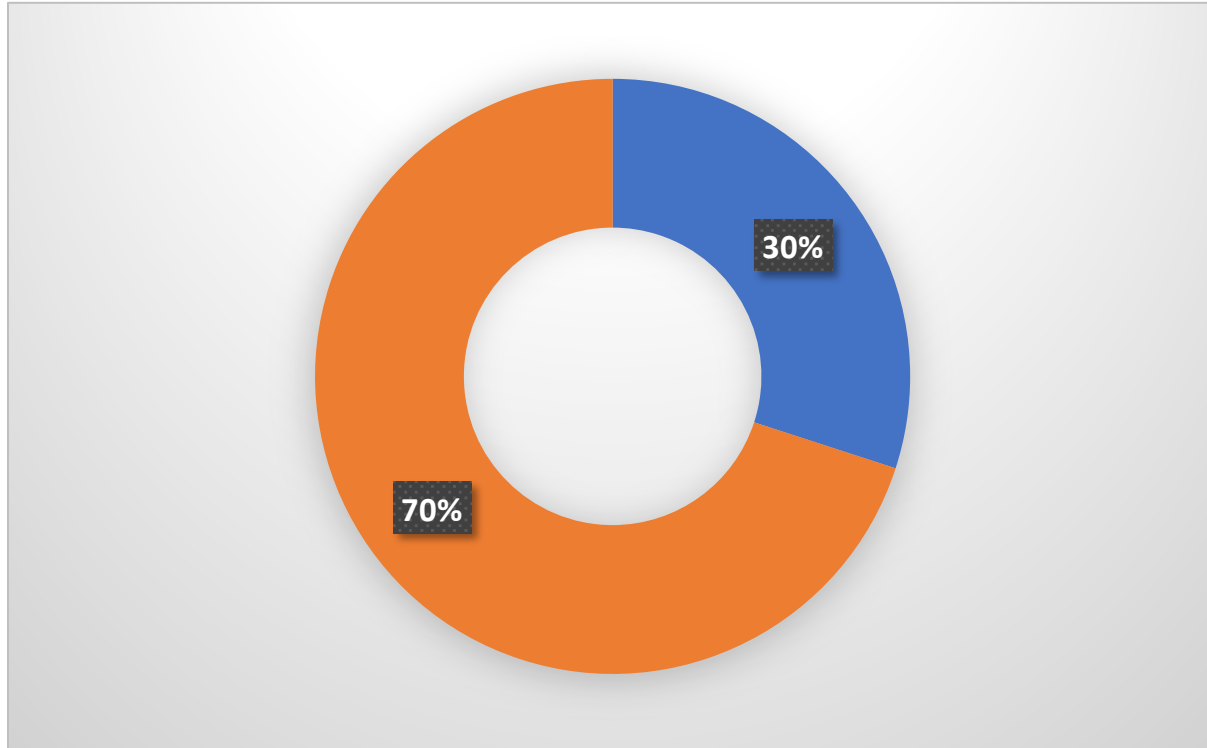
1. Identify areas of focus for your study plan.
2. Prepare you for shoulder content that could be encountered on NPTE.

## NOT

1. Comprehensive course on the shoulder (but covers a lot!).
2. Rehash of Scorebuilders book.

# BIG PICTURE

- There are 51-60 items on the NTPTE specific to the MS system

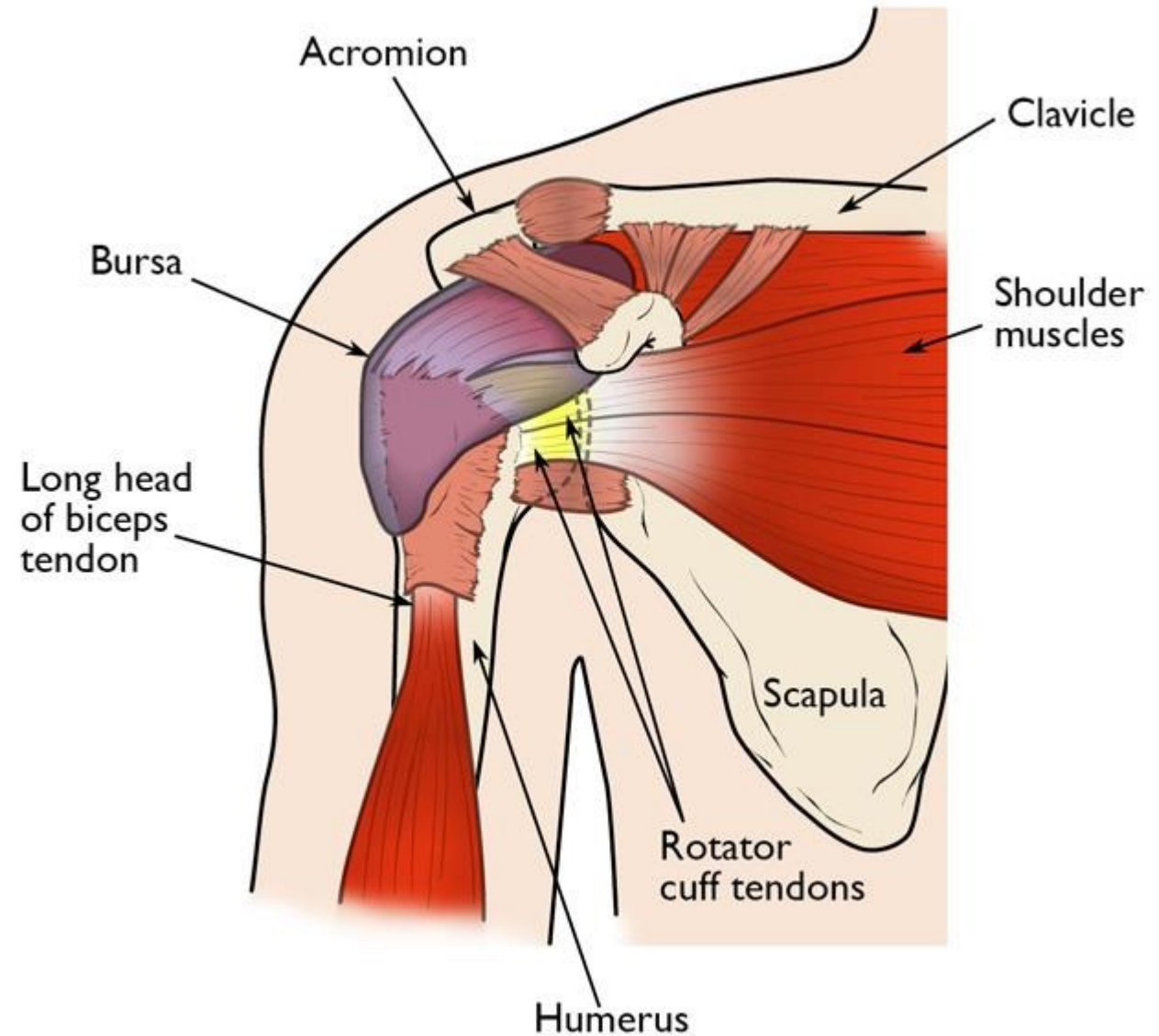


# Who FSBPT is testing...

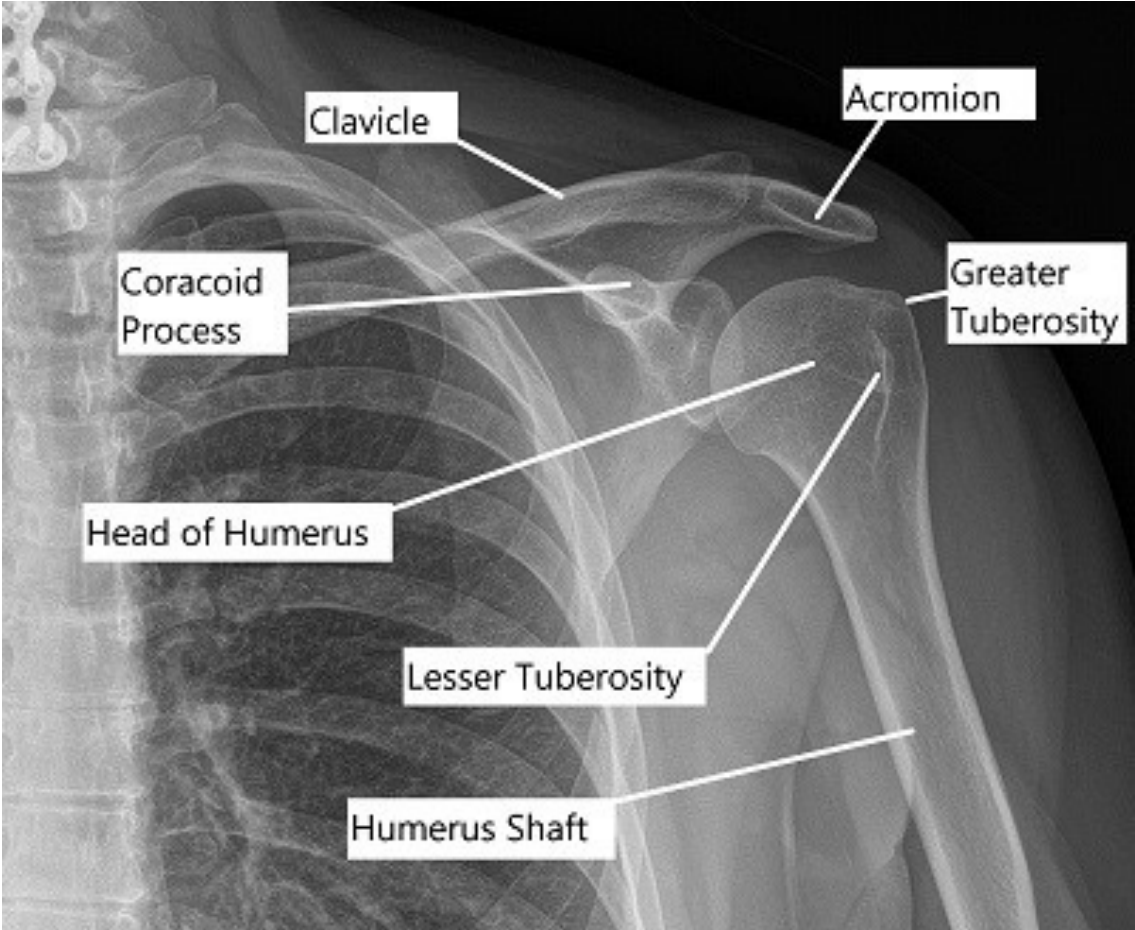


# Likely Questions

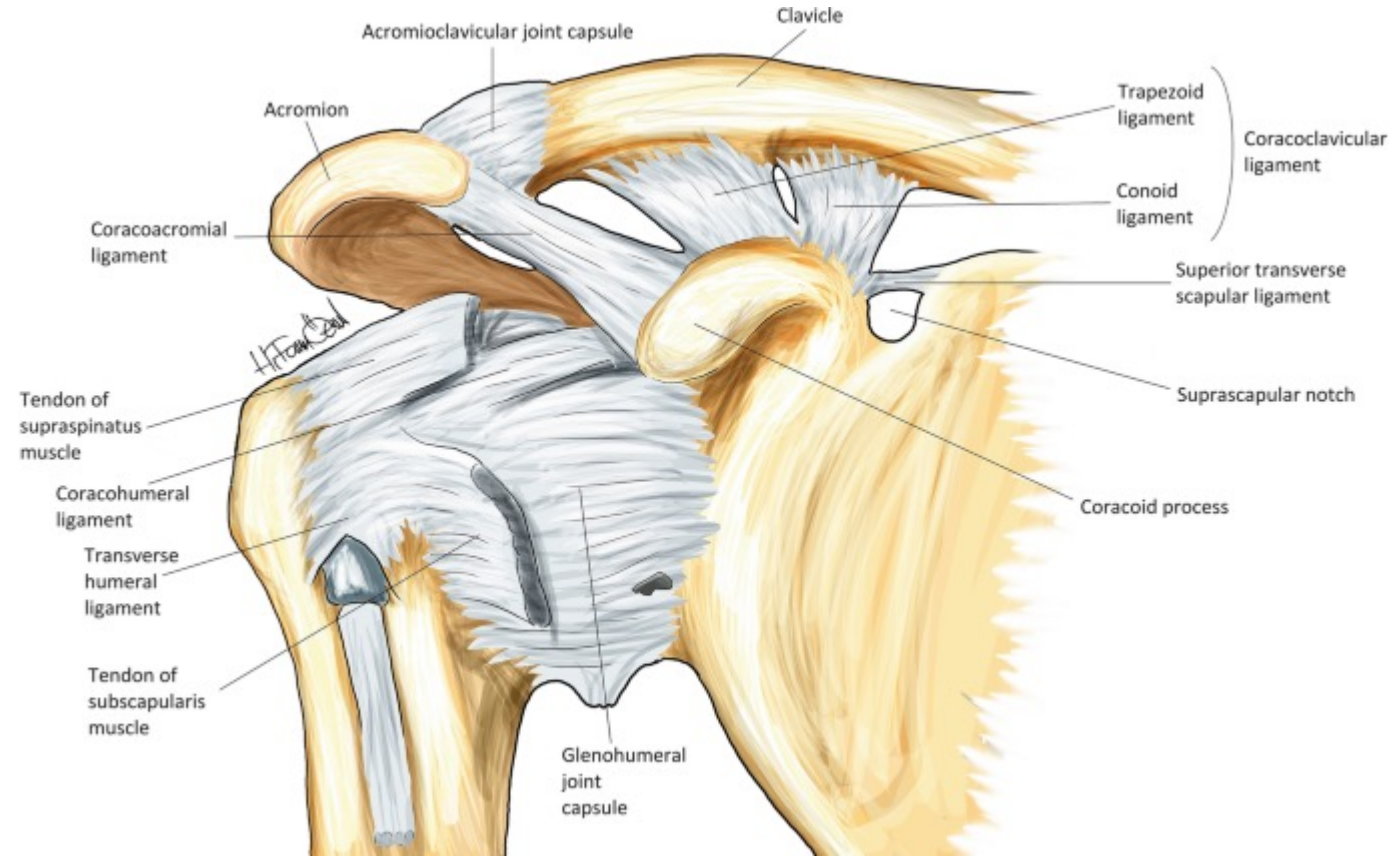
- Anatomy of the Shoulder
- Kinesiology of the Shoulder
- Pathologies of the Shoulder
- Differential diagnosis
- Basic assessment
- Basic treatments



# Anatomy

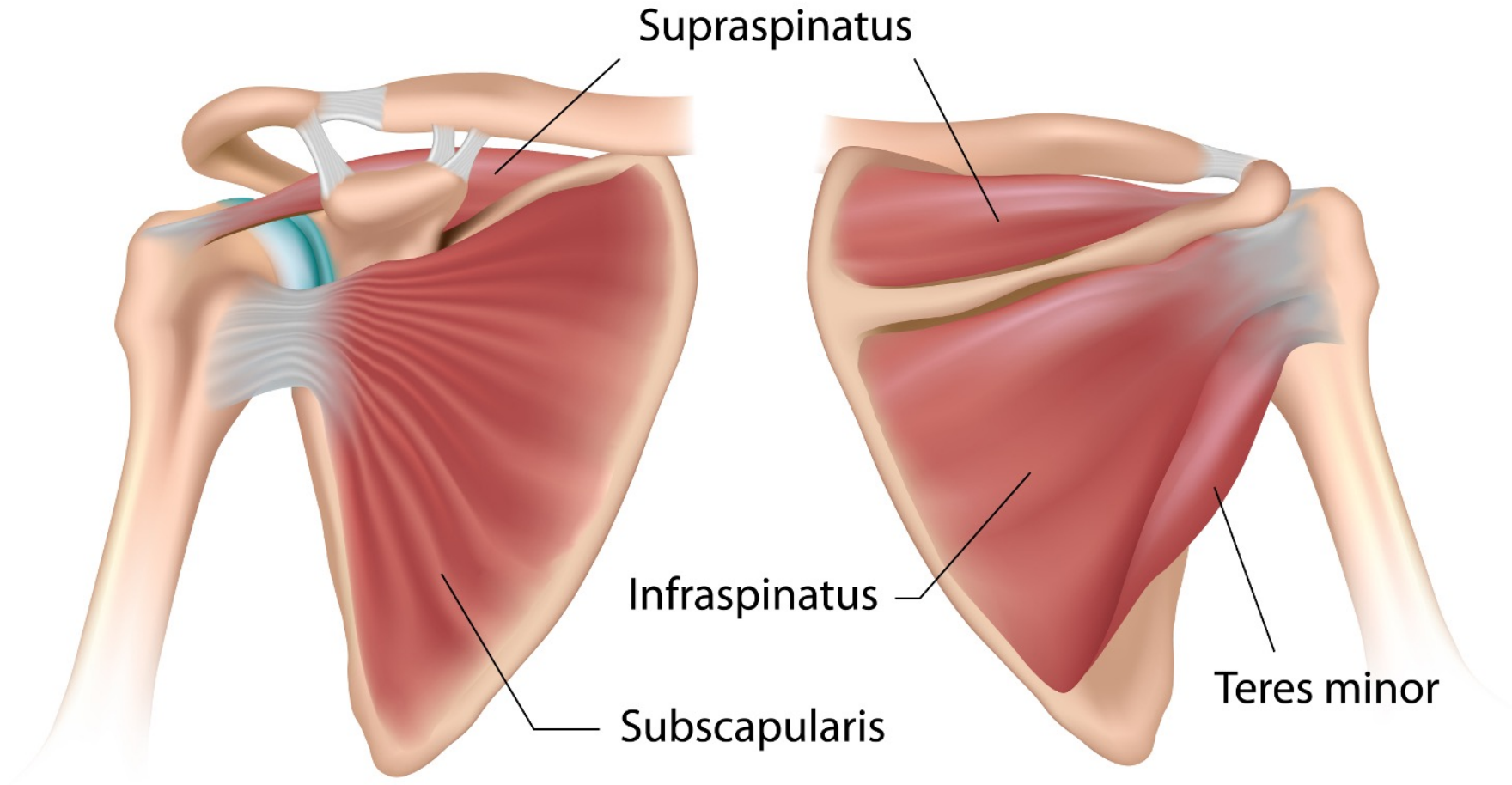


# Anatomy



# Rotator Cuff Muscles

Ana

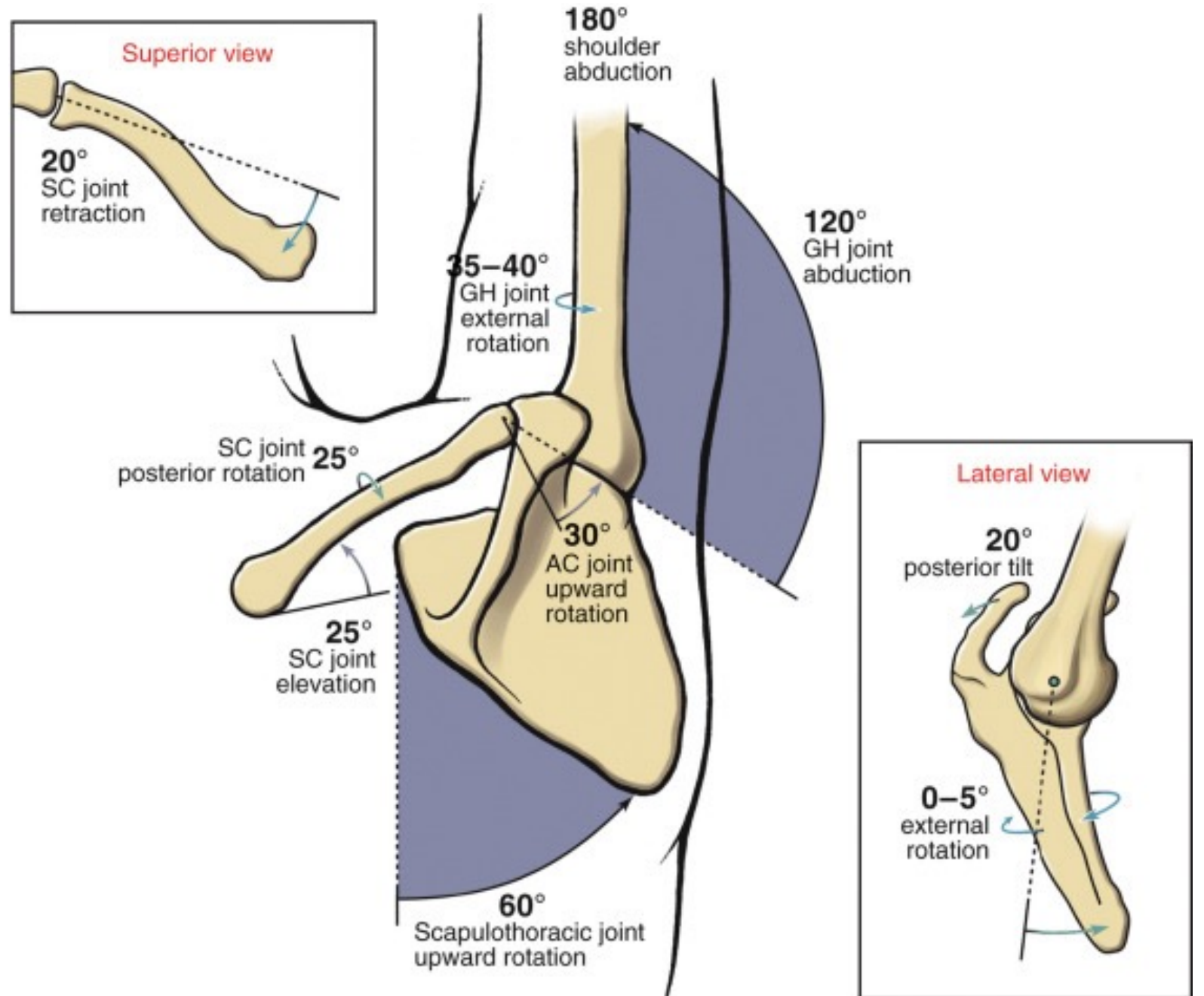


Anterior view

Posterior view



# Kinesiology



# Question 1

- A physical therapist is treating a patient direct access with a suspected diagnosis of a rotator cuff tear. The patient's AROM and PROM are full, but AROM is painful in an arc. PROM is pain free. Based on this information, what is the most likely diagnosis?
- 1- partial rotator cuff tear
- 2- full rotator cuff tear
- 3- subacromial pain syndrome
- 4- impingement syndrome

## Question 2

- A physical therapist is evaluating a patient with complaints of left shoulder pain. They report that they can hear clicks when they raise their arm overhead. Reaching their arm back and above the shoulder causes them pain (horizontal abduction with flexion and ER). They have tried using kinesiotape on the shoulder and found it improves their comfort and decreases pain. Based on this description, what is the **MOST** appropriate intervention?
- 1- referral for orthopedic consult
- 2- GH joint mobilization
- 3- iontophoresis and kinesiotaping
- 4- shoulder stabilization therex

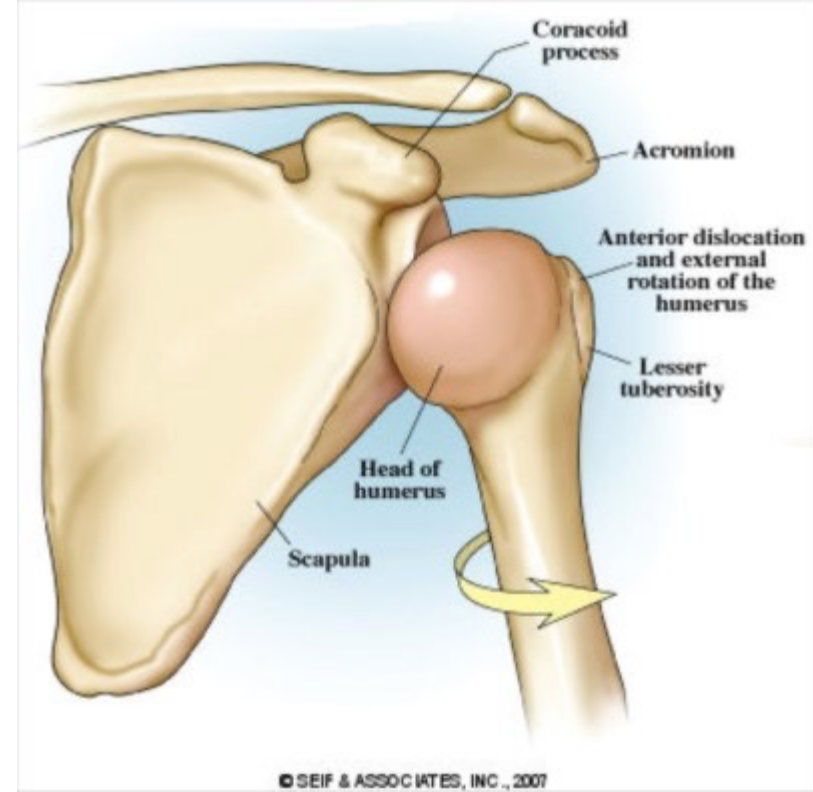
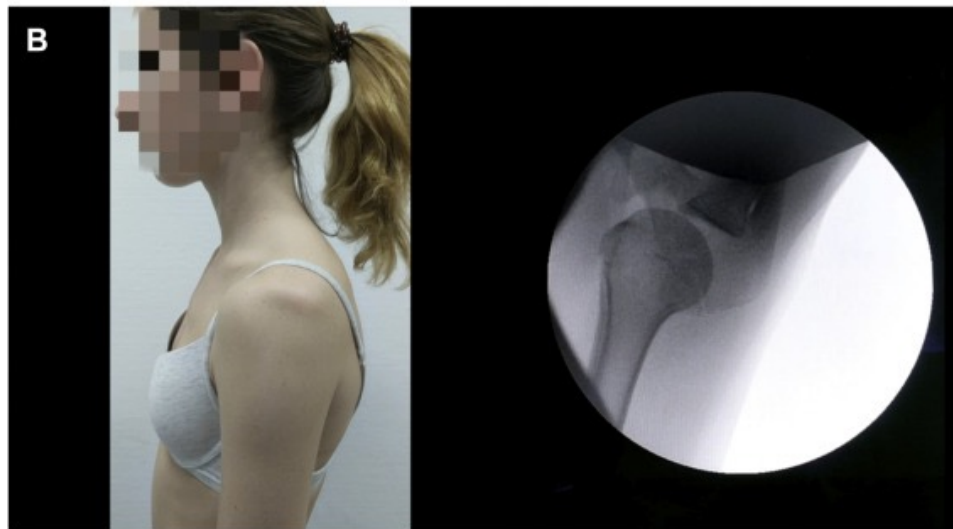
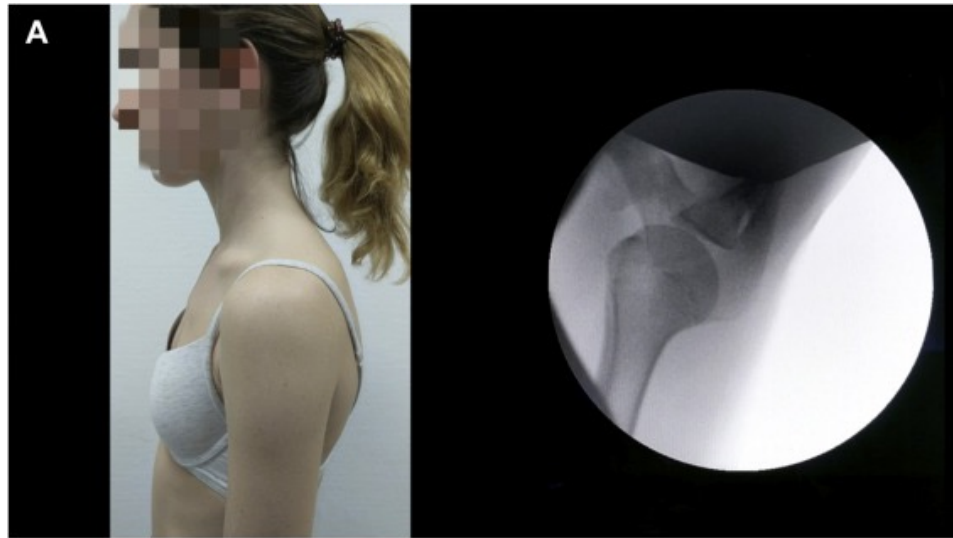
# Question 3

- A patient presents with left shoulder pain. PROM is grossly limited in the following pattern ER>ABD>Flexion and IR. They want to increase their ROM. What is the **MOST** appropriate intervention for this patient's issue?
  - 1- stretch into and past pain
  - 2- grade 1 & 2 joint mobs
  - 3- strengthen the RTC
  - 4- cortisone shot and stretching to tolerance

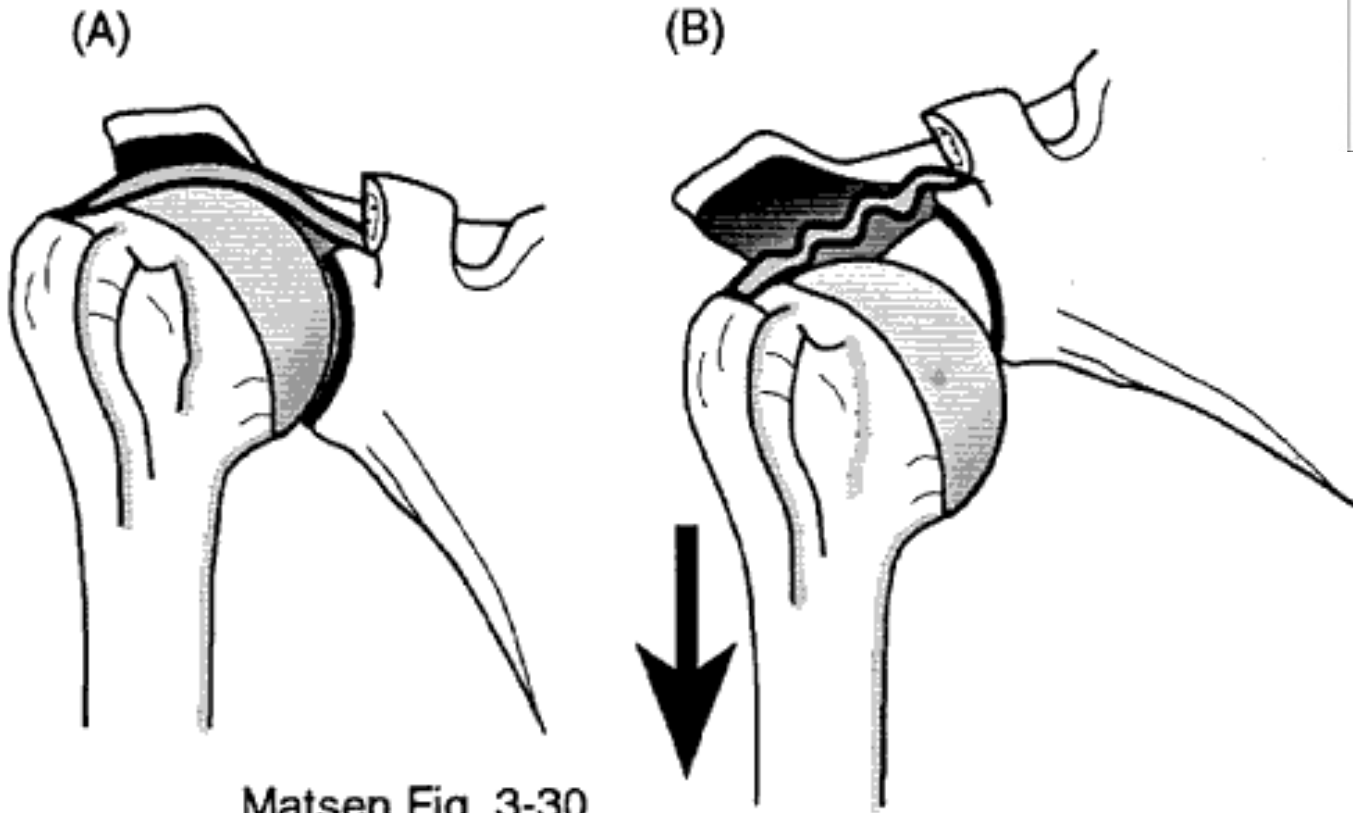
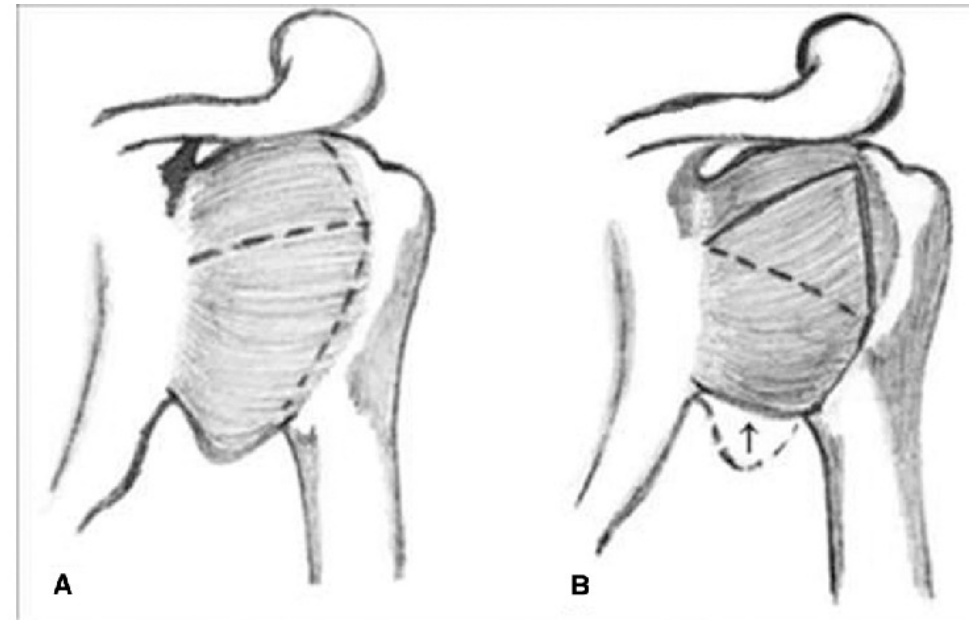
# Pathologies

- Instabilities
  - TUBS
  - AMBRII
  - SLAP/labrum
- Impingement
  - Internal
  - External
- Adhesive Capsulitis
- Rotator Cuff
- SICK Scapula
- GIRD
- AC joint
- Replacements

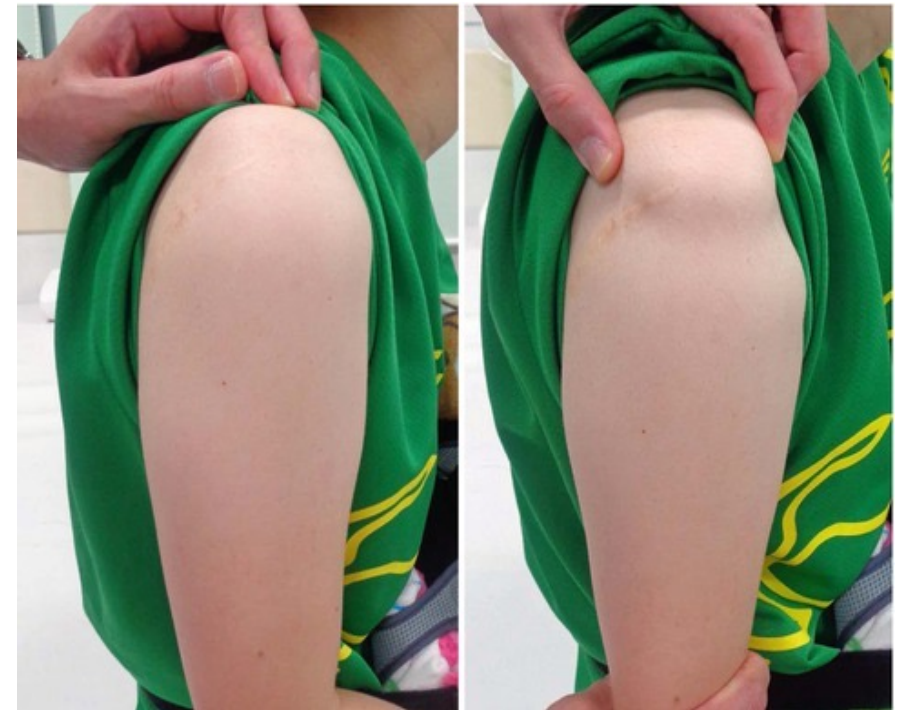
# Instabilities- TUBS



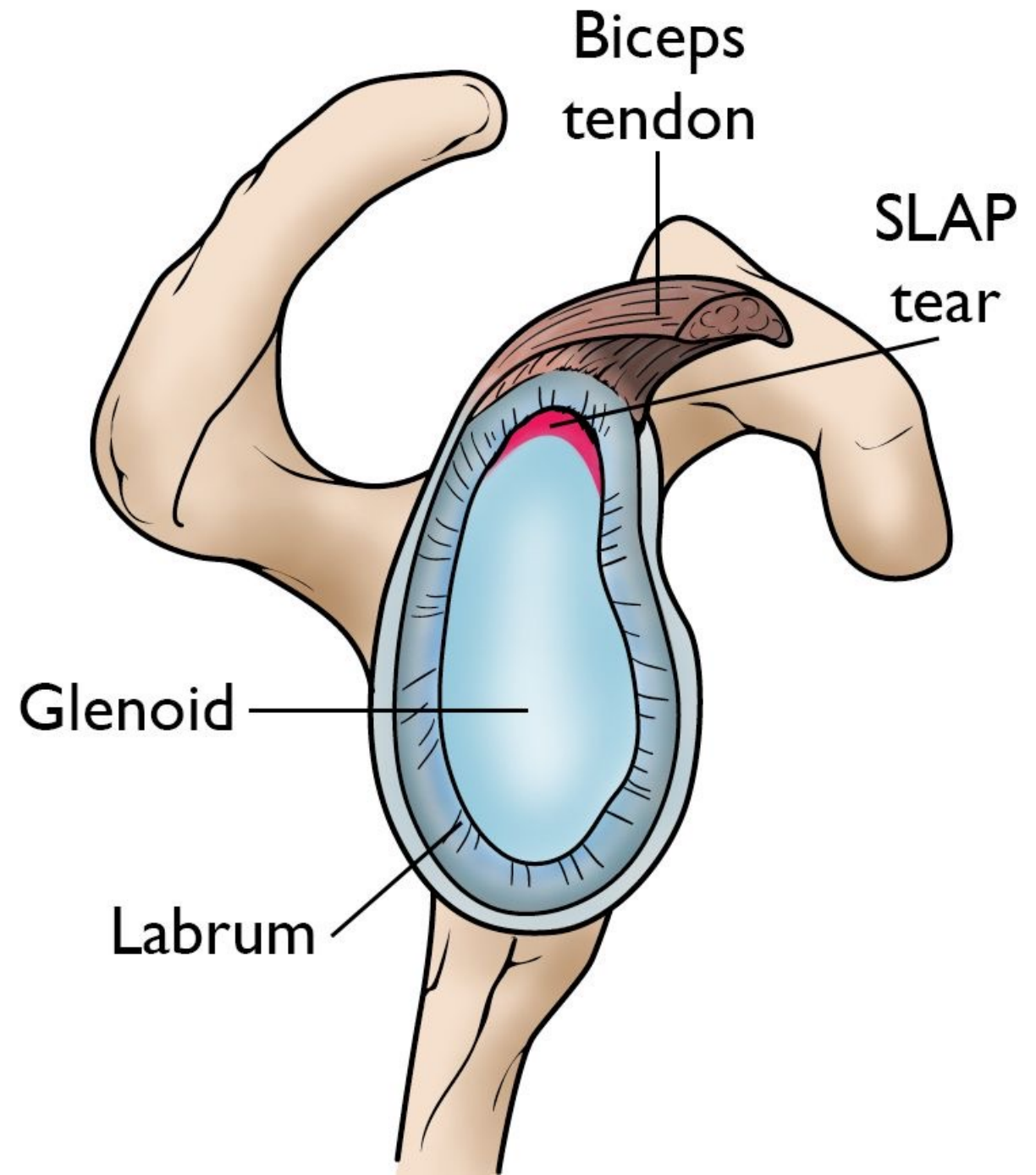
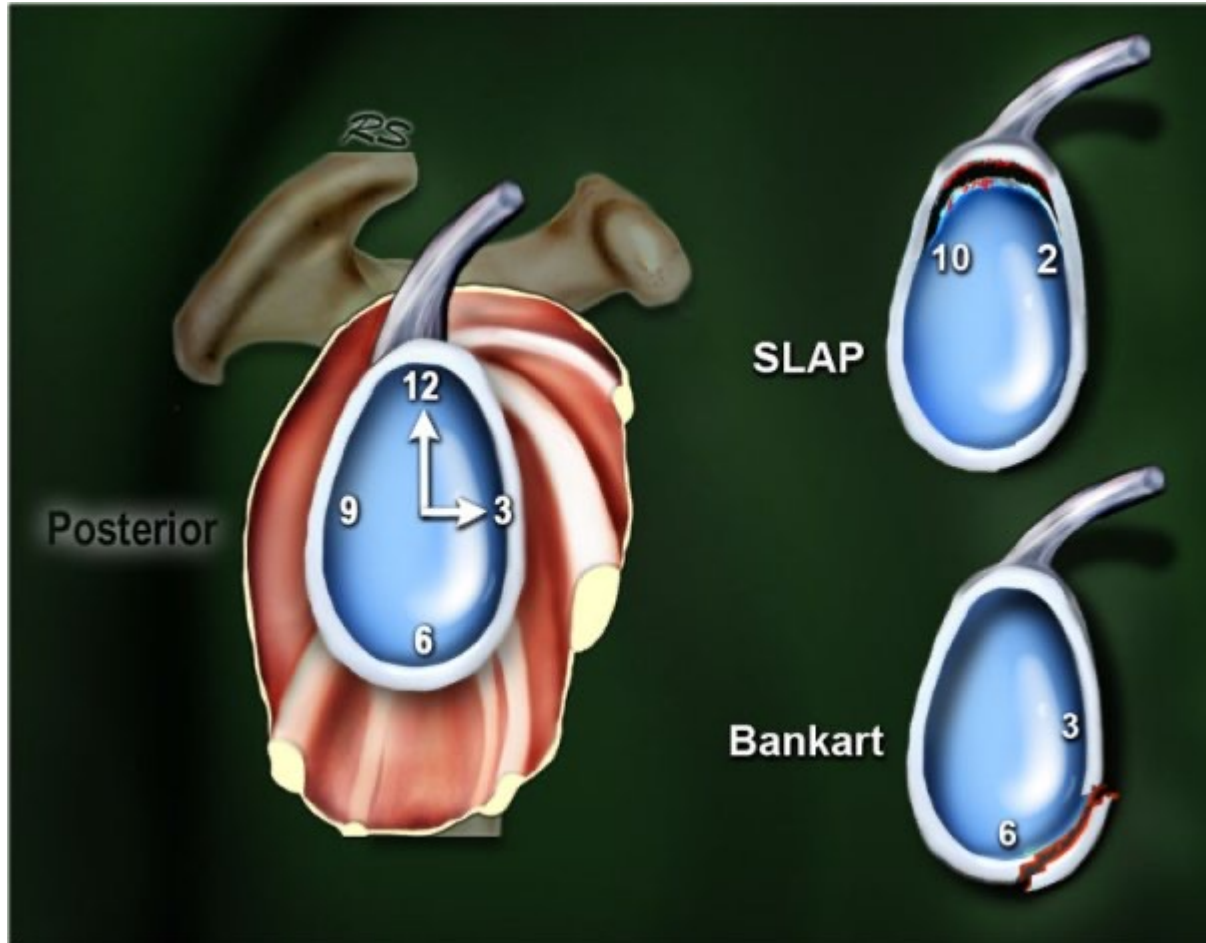
# Instabilities- AMBRI



Matsen Fig. 3-30

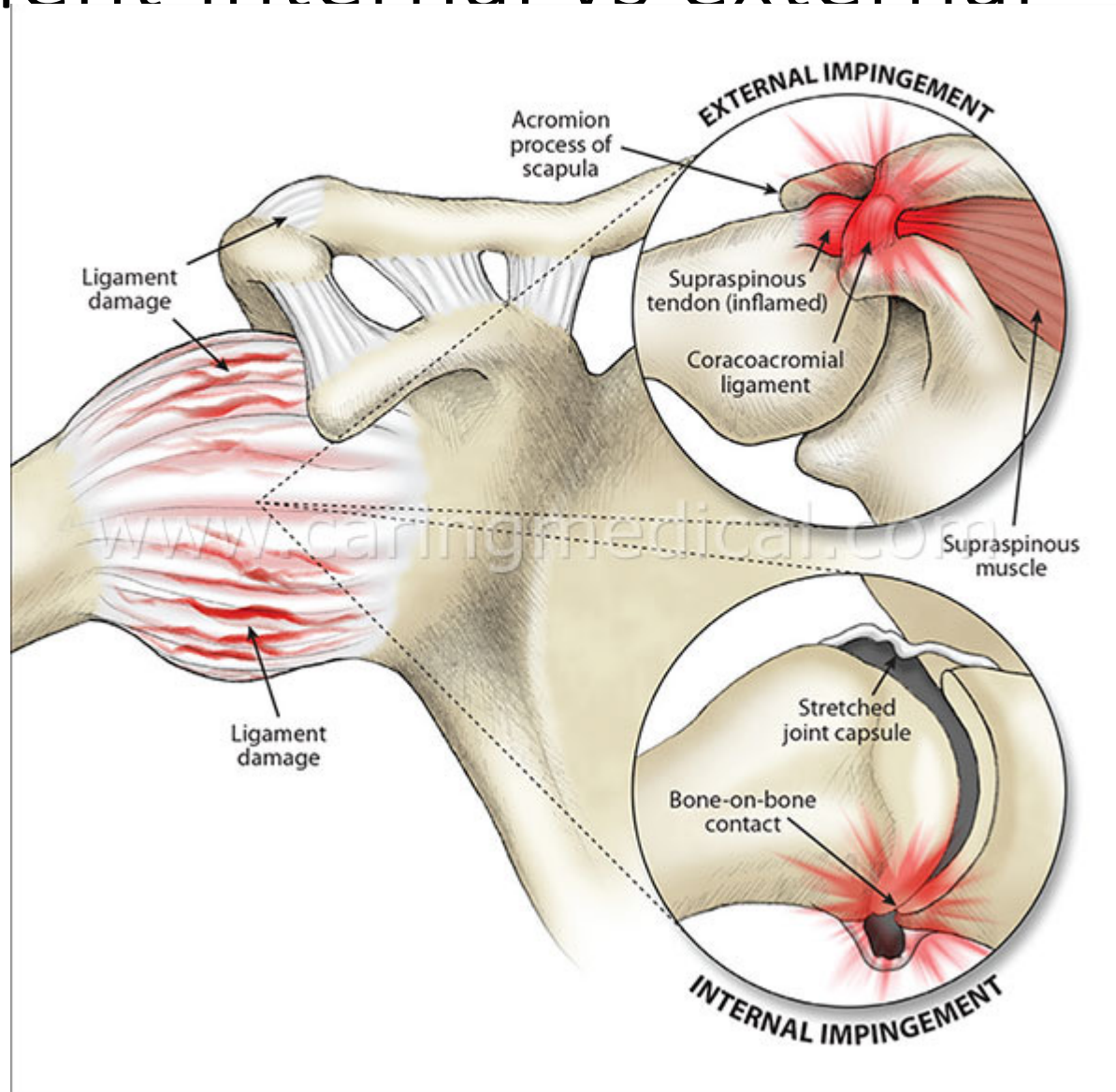


# Instability- SLAP





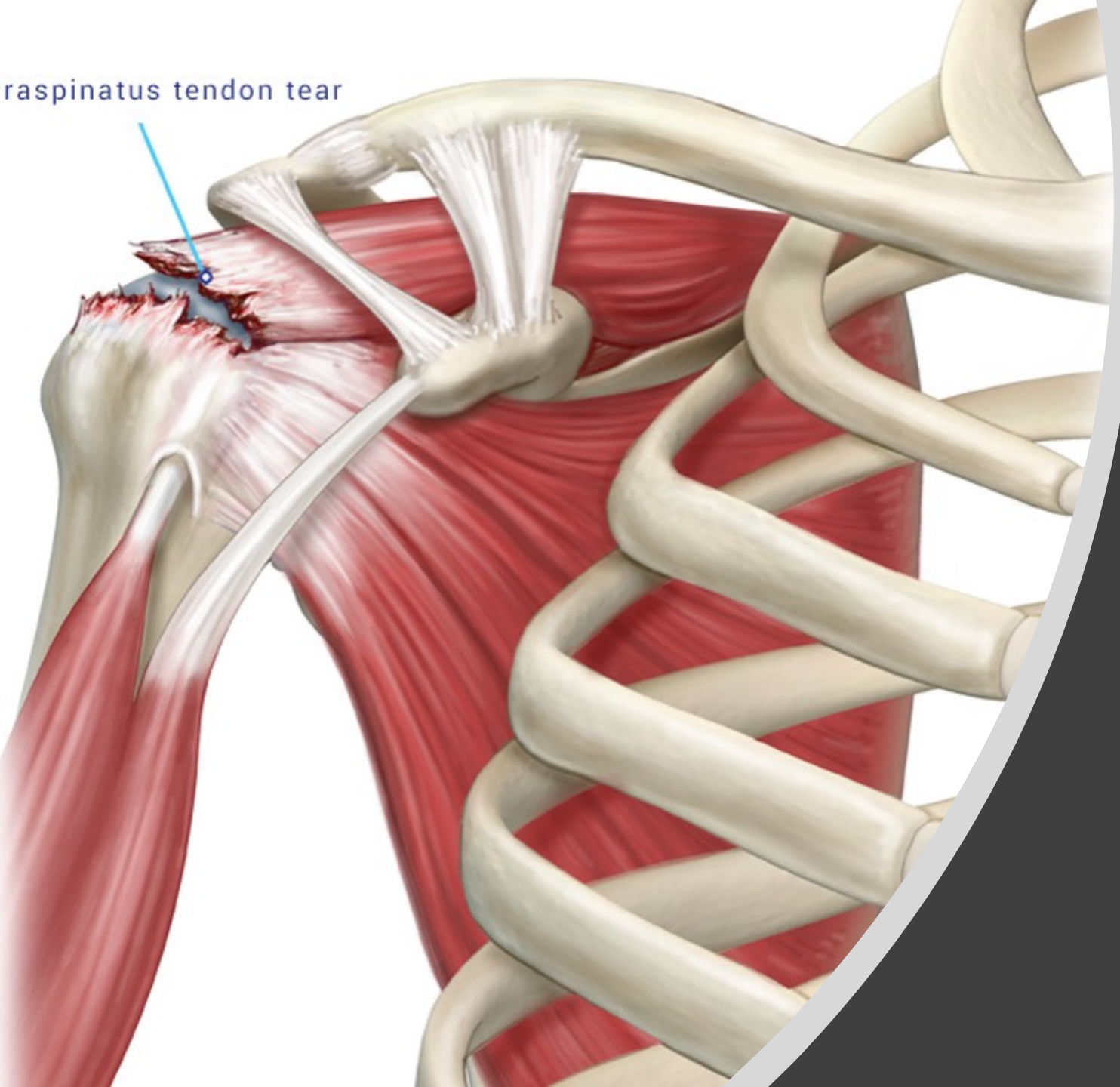
# Impingement-Internal vs external



# Adhesive Capsulitis

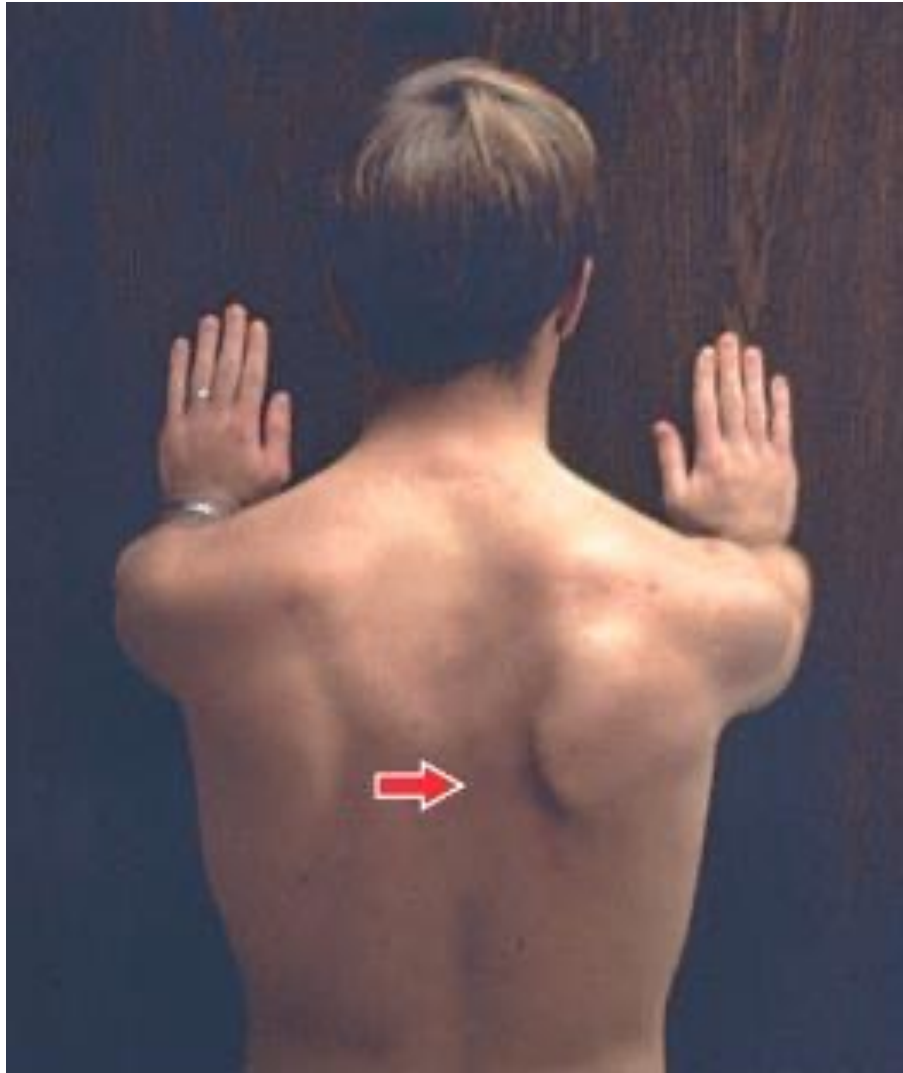


raspinatus tendon tear

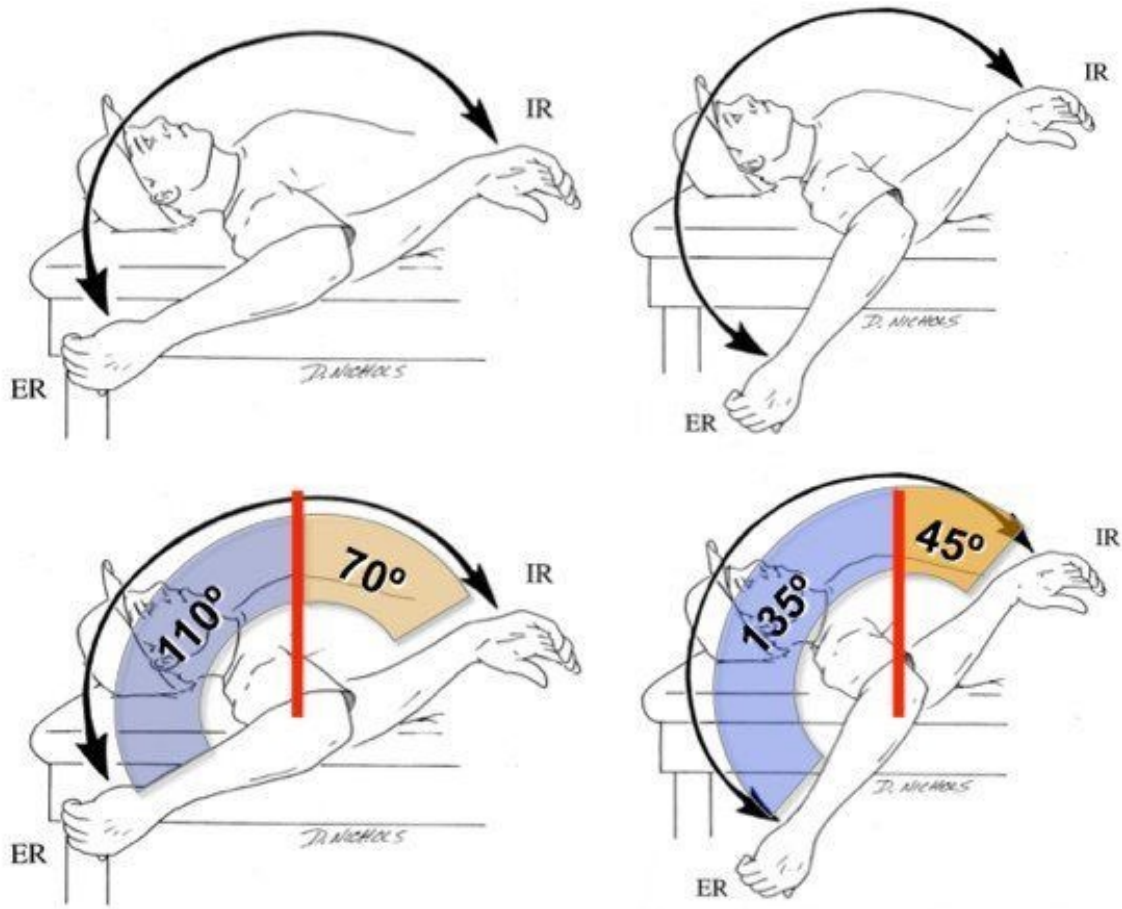


RTC Tear

# SICK Scapula

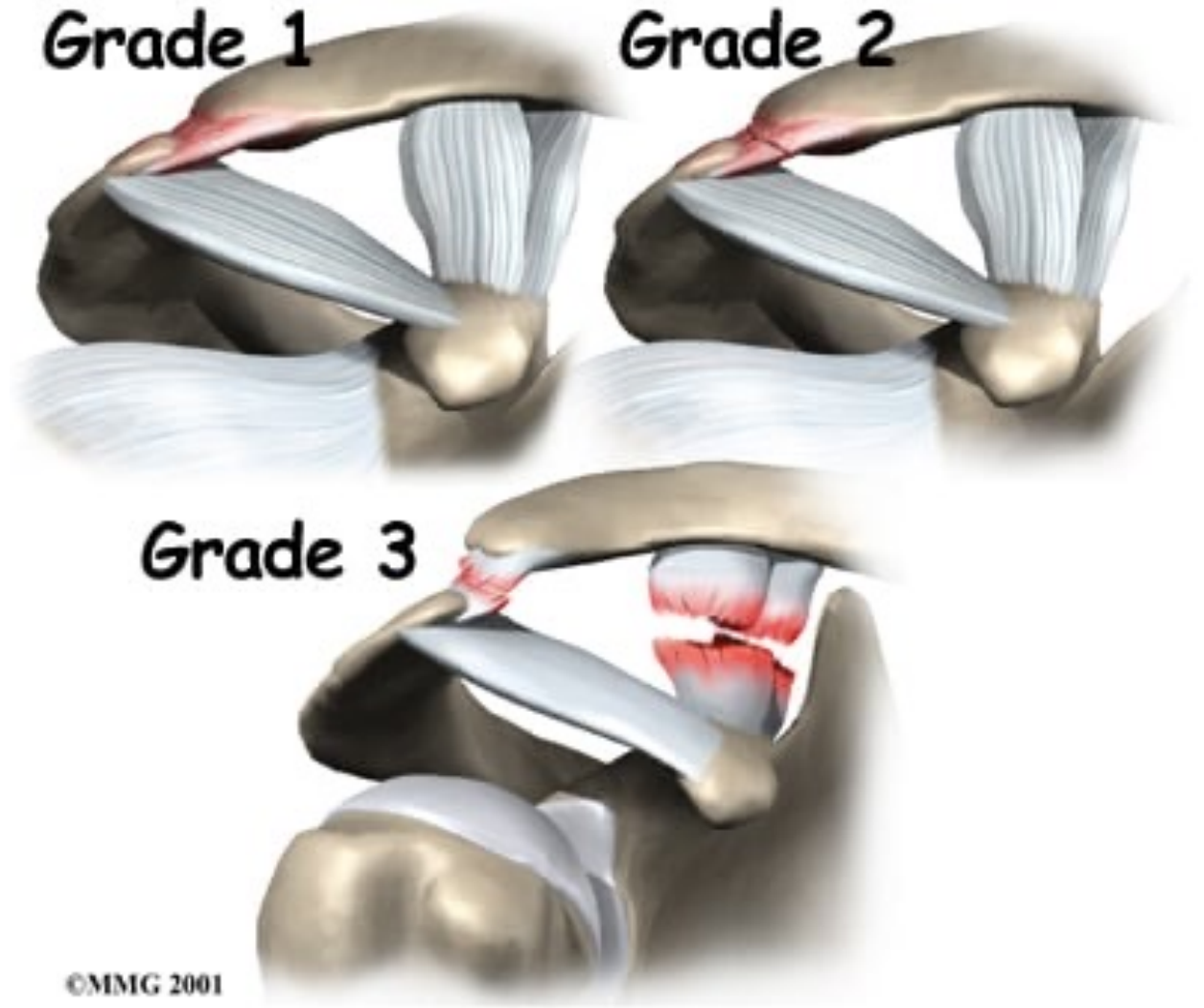
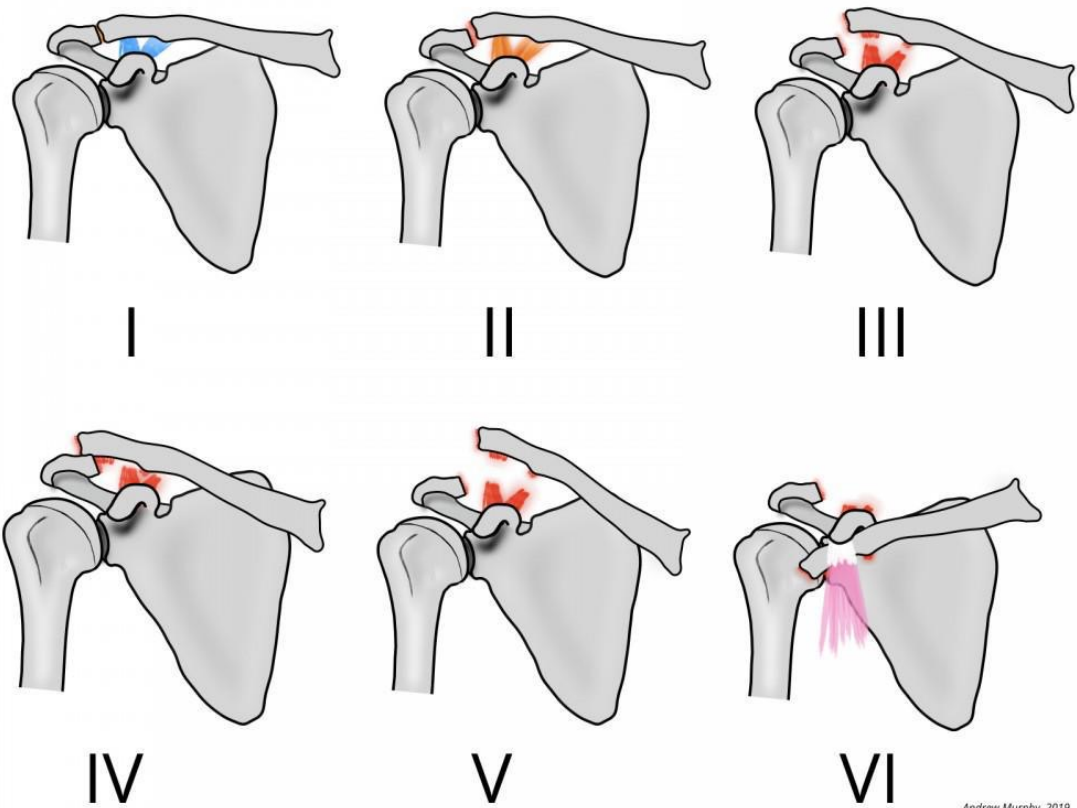


# GIRD



# AC Joint

Rockwood classification of acromioclavicular joint injury

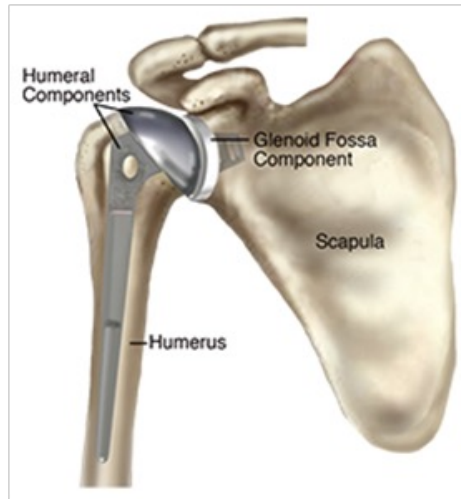


©MMG 2001

# Replacements

## Shoulder Replacement (Arthroplasty)

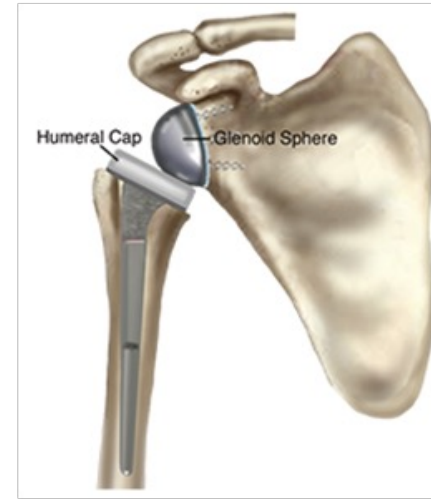
**Total Shoulder Arthroplasty**



**Shoulder Hemiarthroplasty**



**Reverse Total Shoulder Arthroplasty**



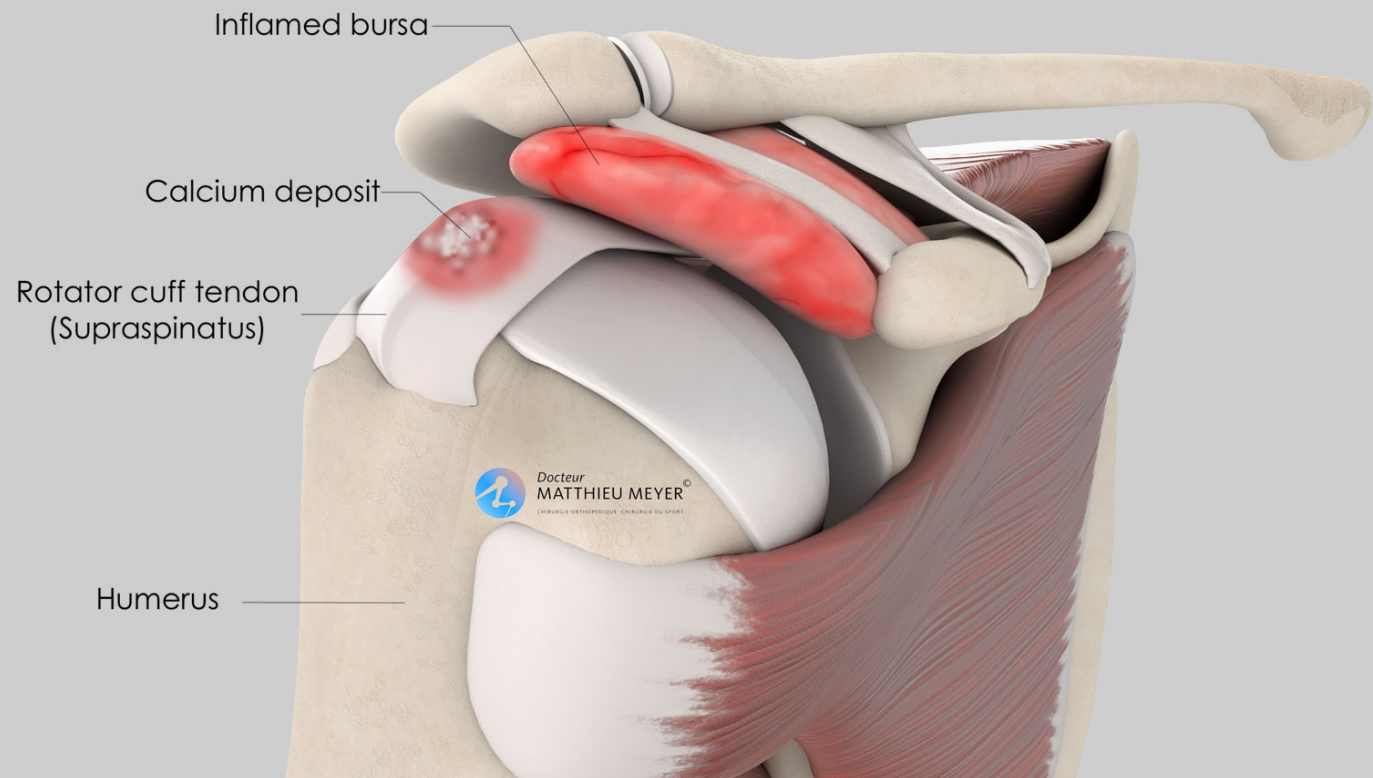
© Marie Dauenheimer, MA, CMI, FAMI

# Differential Dx

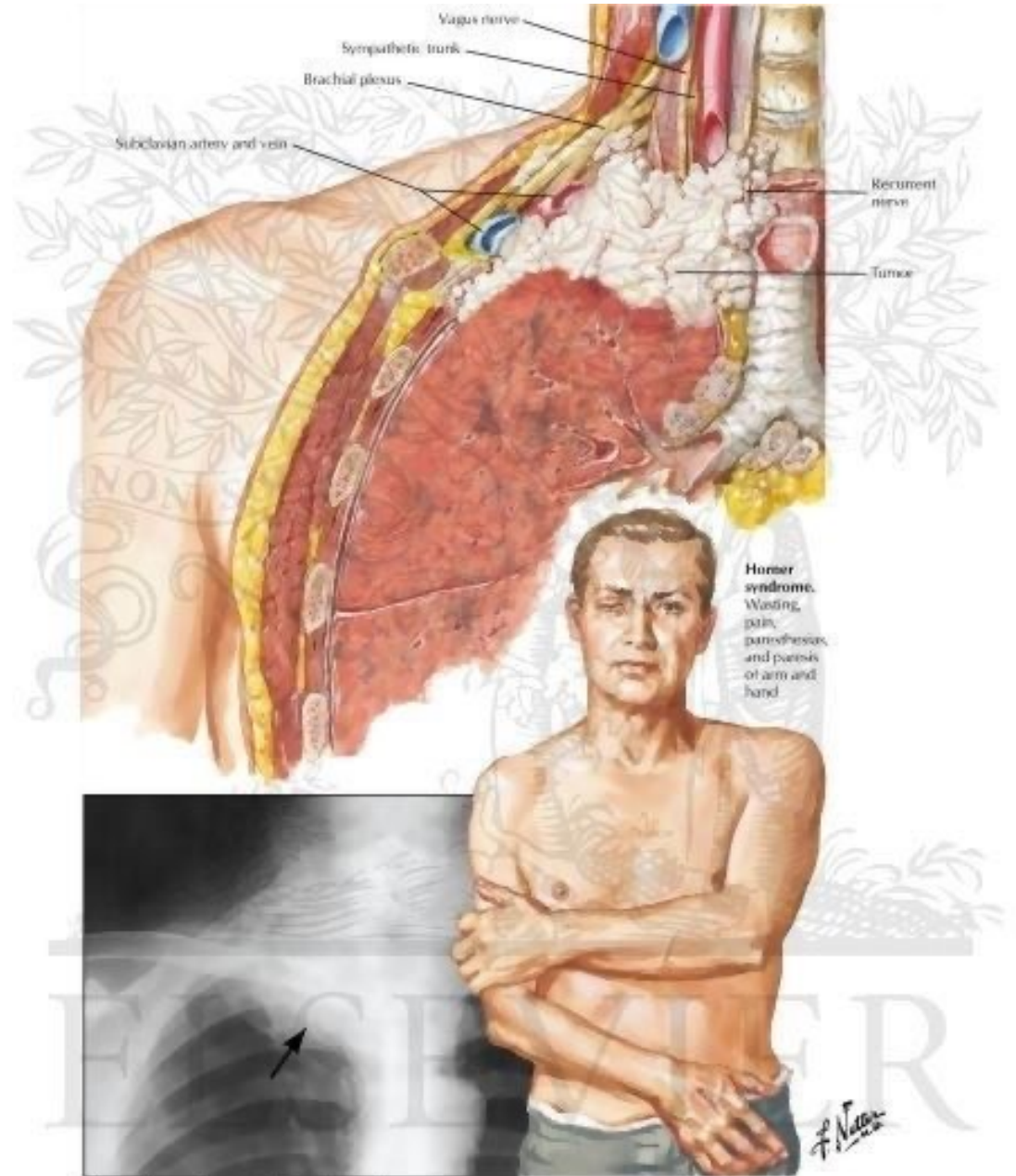
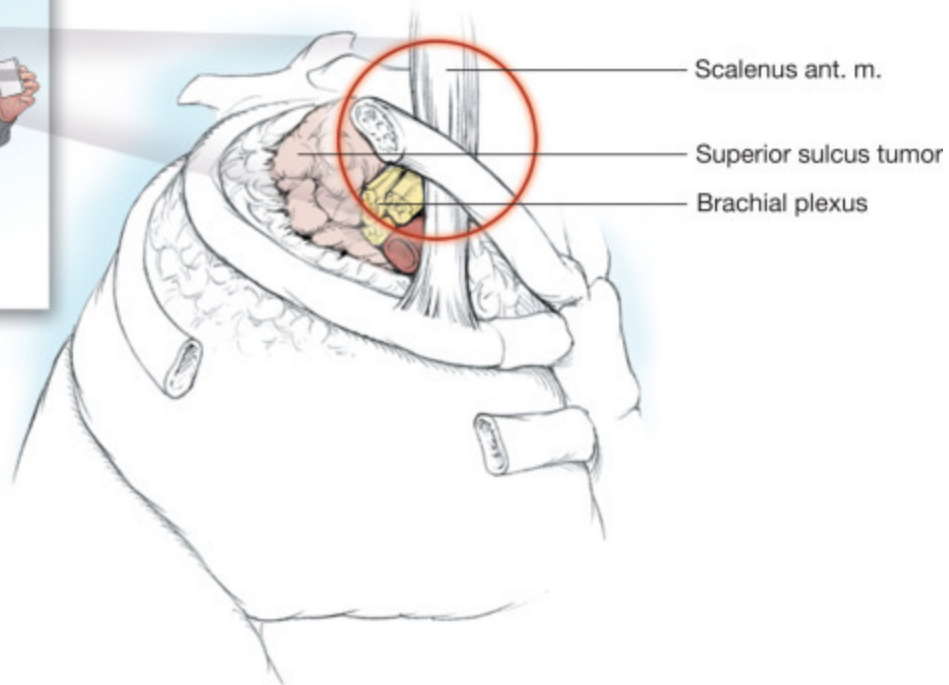
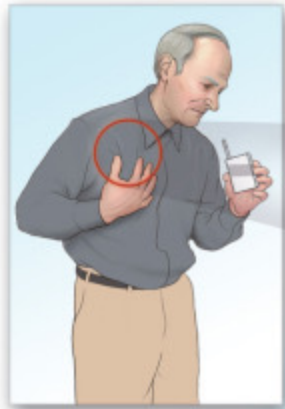
- Calcific tendonitis
- Pancoast tumor
- Paget-Schroeder
- C/s radiculopathy
- Quadrilateral space syndrome



# Calcific Tendonitis



# Pancoast Tumor



Pancoast tumor. Shown in radiograph (arrow)

# Paget-Schroetter Syndrome



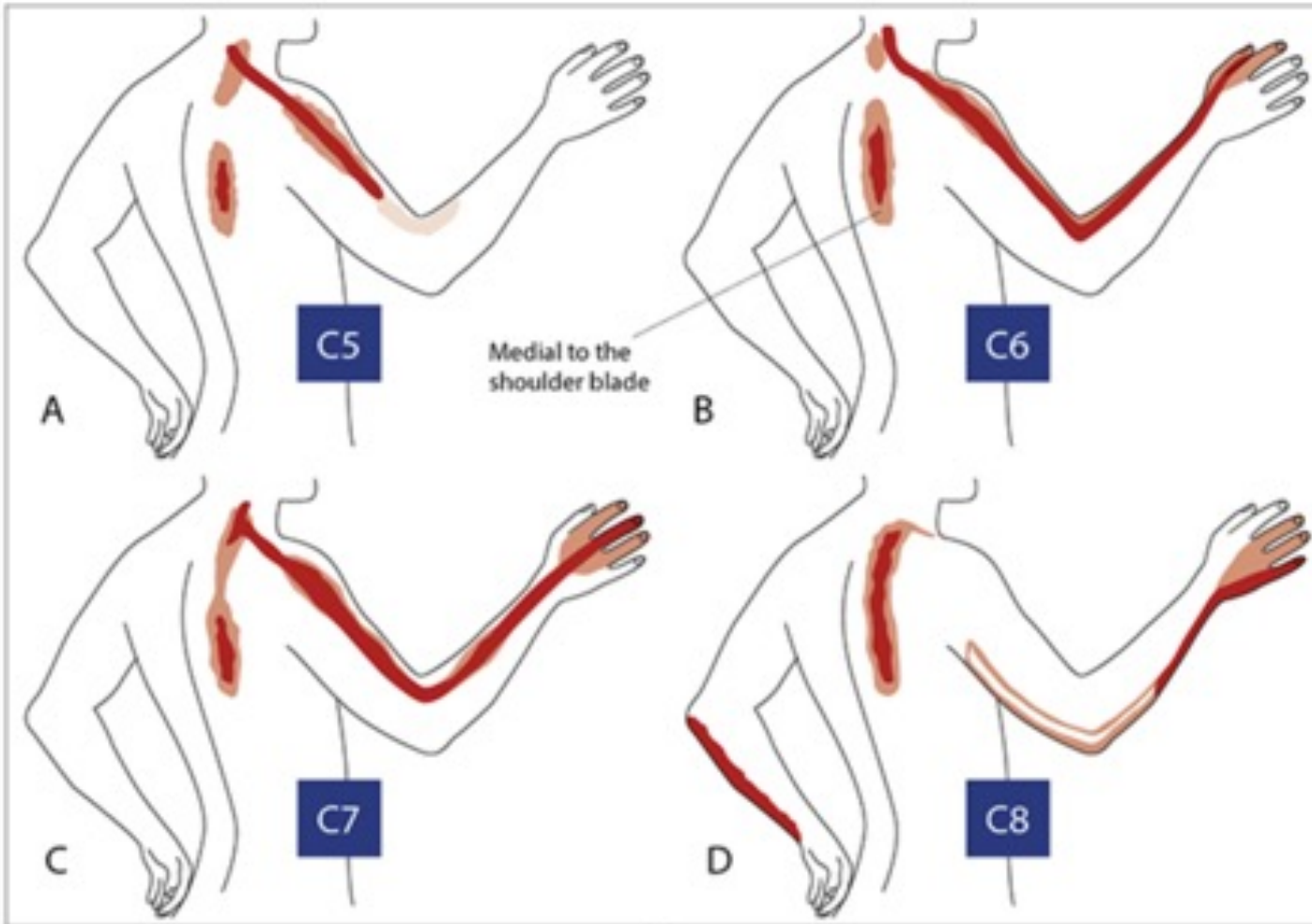
A



B

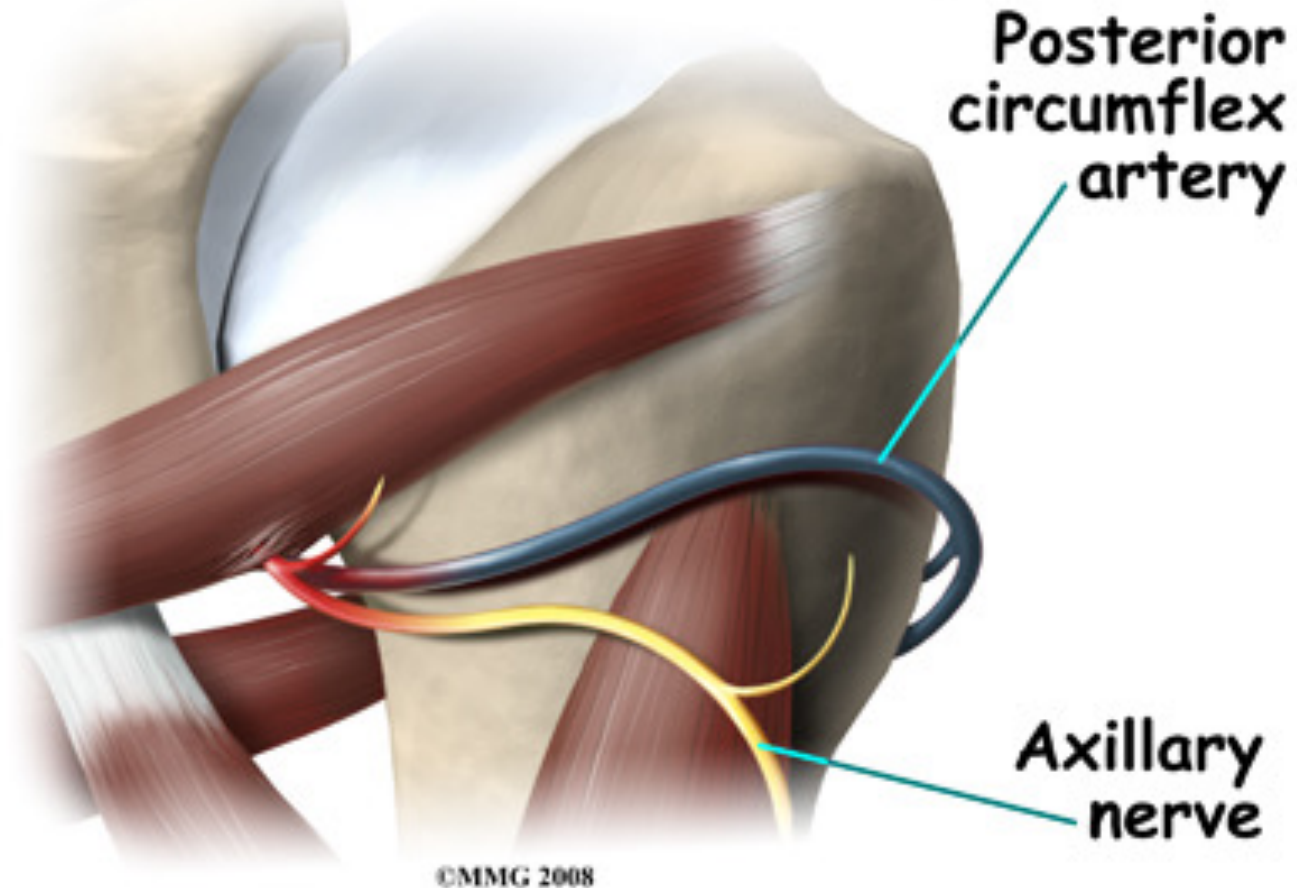


# C/s Radiculopathy



# Quadrilateral Space Syndrome

## Artery and Nerve Compression



# Question 4

A patient complains of pain in their upper extremity for a period of 3 weeks. They do not recall a mechanism of injury, although they report having been using their arms to propel a wheelchair secondary to a fractured metatarsal. Their main complaint is pain in the intertubercular groove that is palpable. What is the **MOST** likely affliction in this scenario?

- 1. RTC tear
- 2. calcific tendonitis of biceps
- 3. quadrilateral space syndrome
- 4. impingement syndrome

# Question 5

- A patient reports that they have been experiencing a burning sensation in their shoulder for the last two weeks. They experience weakness when trying to put their jacket on (during abduction). They have a history of a MVA that resulted in needing to wear a cervical collar for 6 weeks secondary to a fracture over five years ago. What is the **MOST** appropriate next step?
  - 1. refer for imaging
  - 2. assess neural tension
  - 3. stabilize the neck in a collar and call 911
  - 4. assess tricep strength

# Question 6

- A therapist is performing joint play assessments of the glenohumeral joint and notice that there is a large step deformity at the AC joint. The patient reports that they injured their shoulder playing hockey and had a grade V tear but never did rehab. What end feel would be the **MOST** appropriate given this information?
- 1. capsular in the anterior direction clavicle on acromion
- 2. capsular in the anterior direction clavicle on acromion
- 3. empty with hypermobility
- 4. empty with hypomobility





# Feedback? Let Us Know!



We would love to get your general feedback on today's session and ideas for subject matter for future Spotlight Sessions!





# SPOTLIGHT *Series*

**Good Luck and Thanks for Tuning  
In!**

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