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**FELLOWSHIP IN ISRAEL ,SINGAPORE IN SHOULDER ARTHROSCOPY**  
**ASSOCIATE PROFESSOR, KGMU,LUCKNOW**



# APPROACH TO A CASE OF PAIN SHOULDER

HISTORY

EXAMINATION

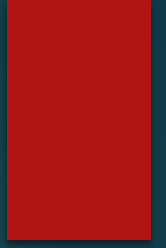
INVESTIGATIONS

GUIDING TREATMENT

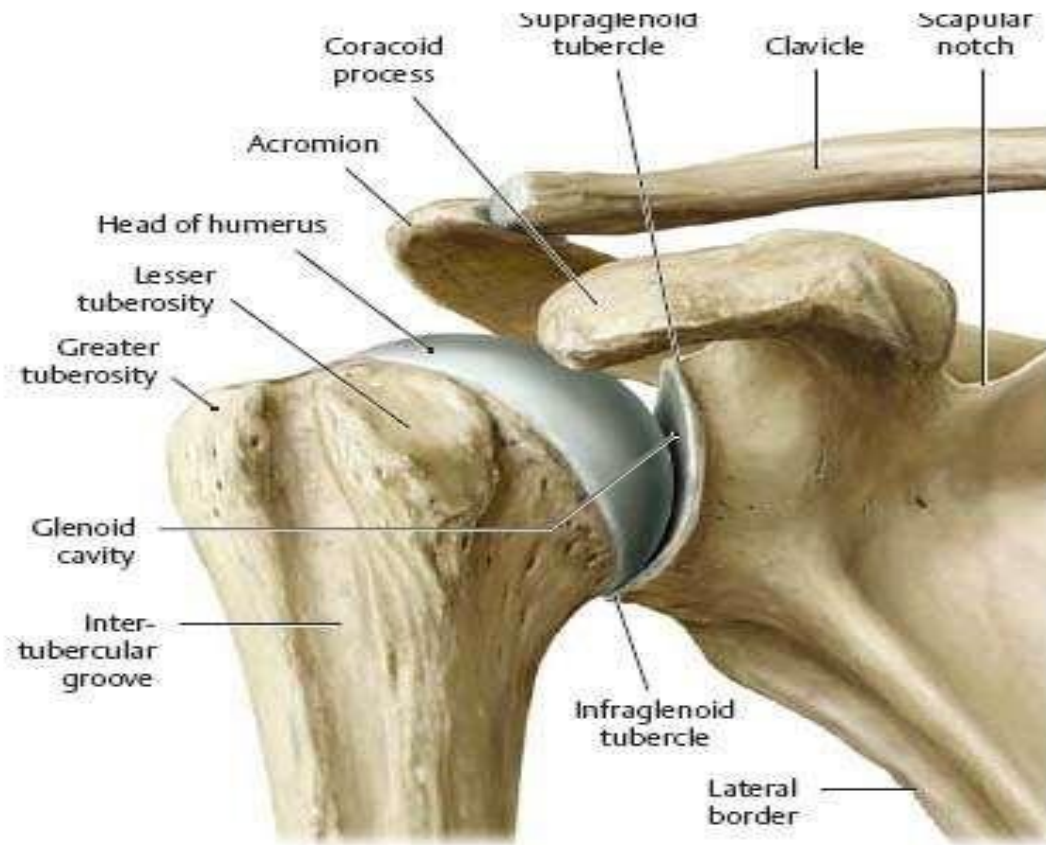


**BACK OF KNOWLEDGE**

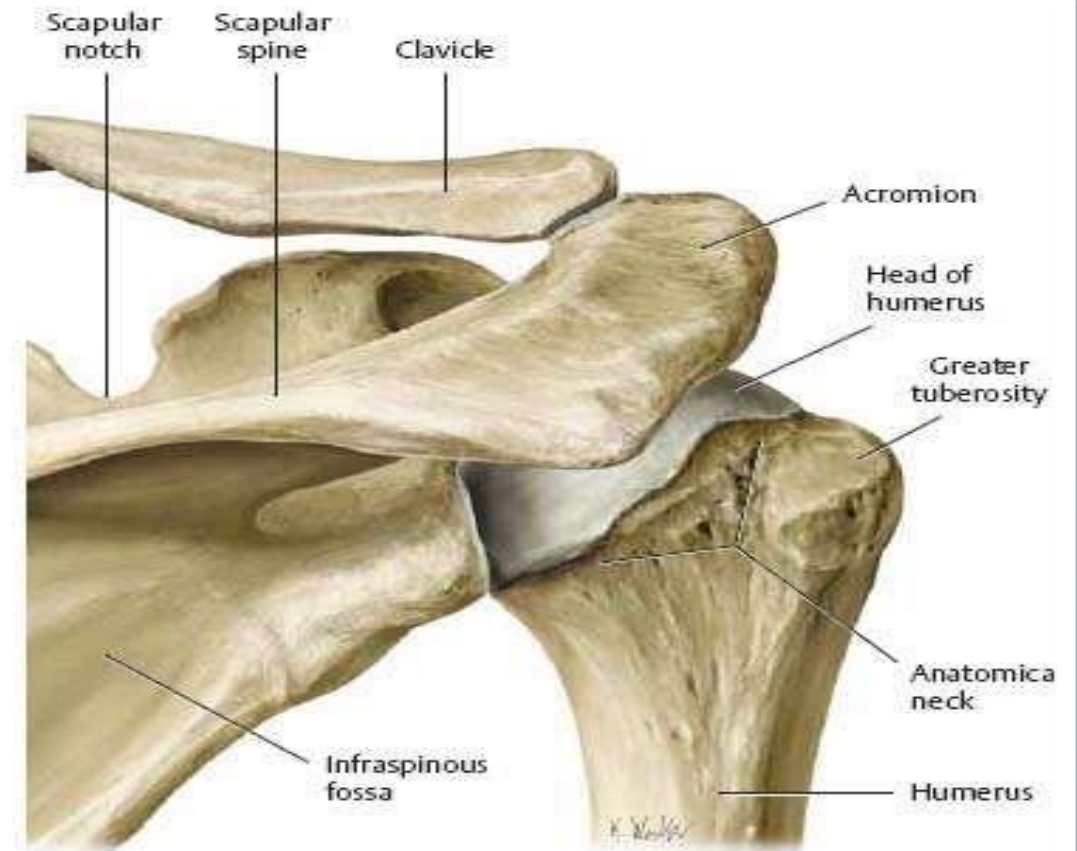
# ANATOMY



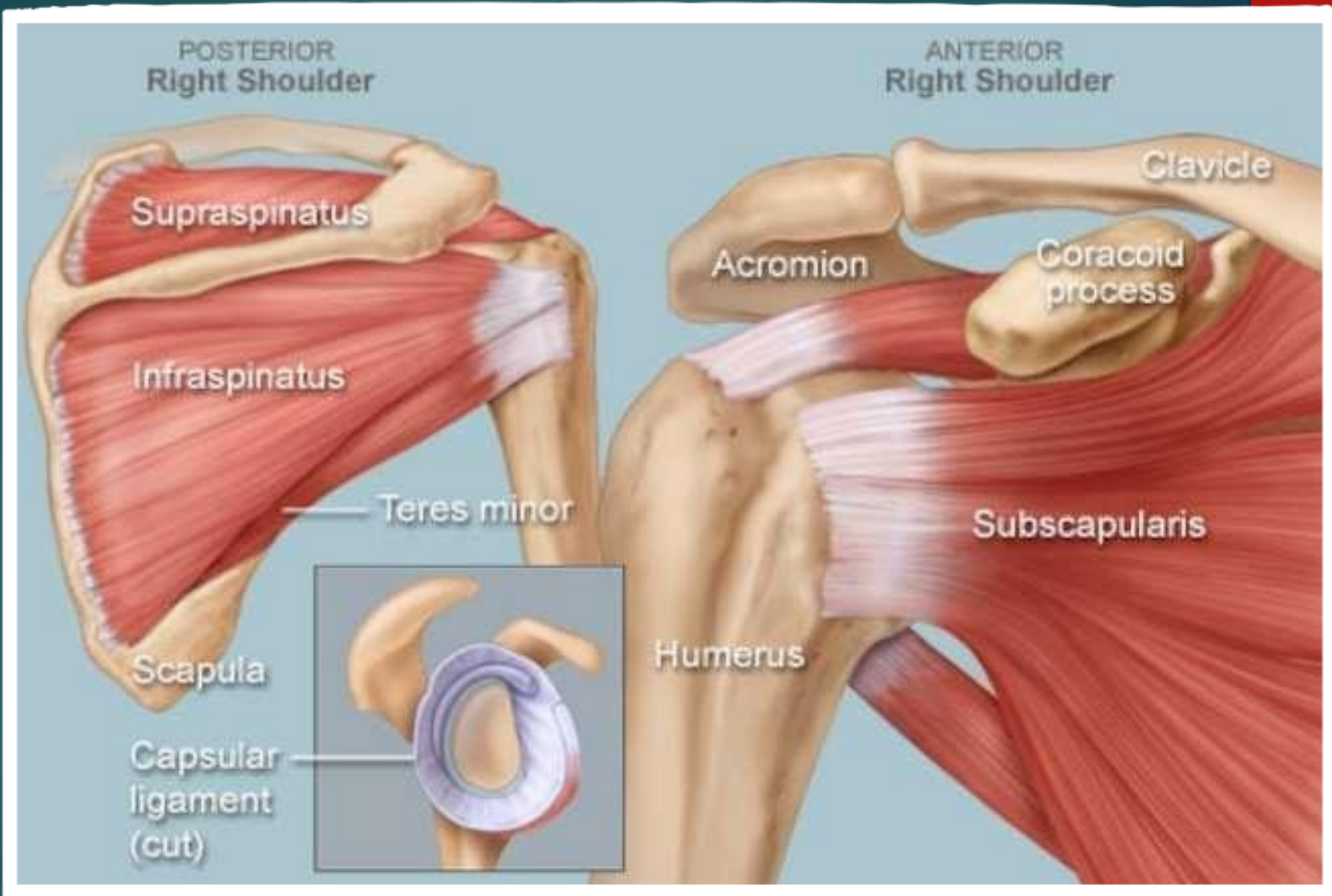
# Bony Anatomy



A. Anterior view

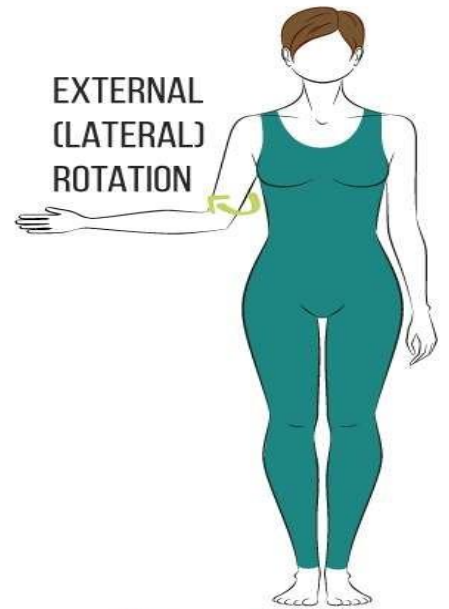
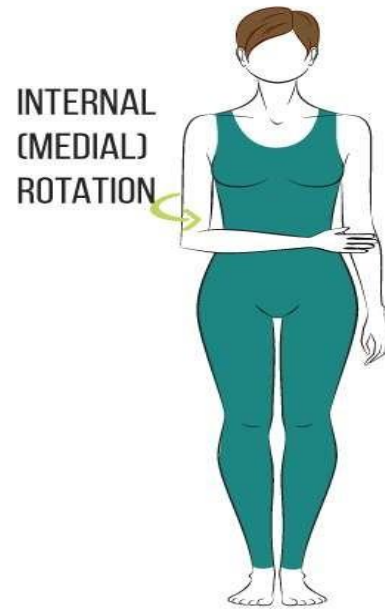
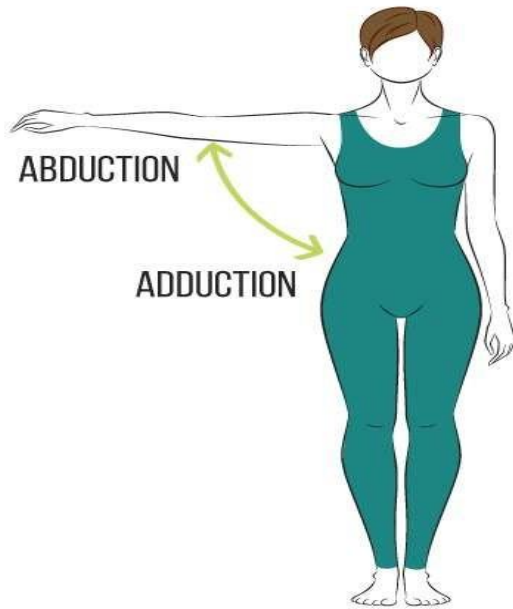
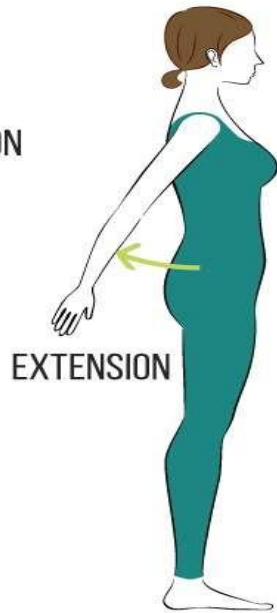
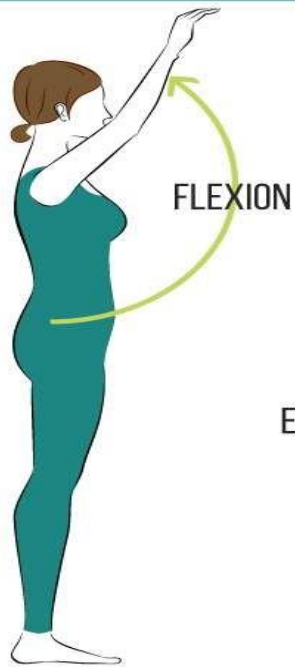


B. Posterior view

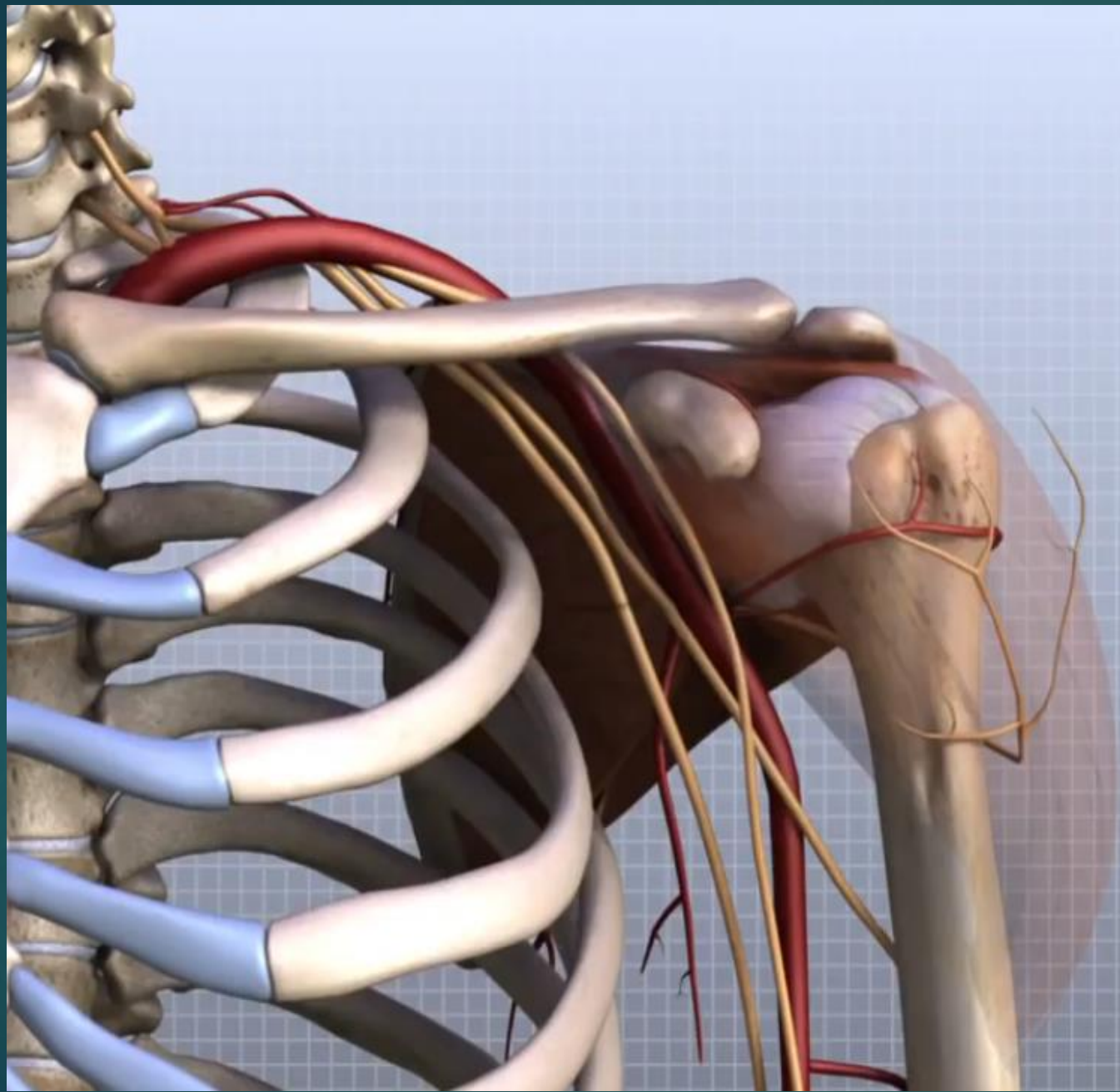


# Examination (ROM)

## Basic shoulder movements



*SequenceWiz.com*



- Bones**
- Joints**
- Ligaments**
- Tendons**
- Muscles**
- Nerves**
- Blood Vessels**
- Bursae**



# EITIOLOGY OF DISEASE

CONGENITAL

DEVELOPMENTAL

TRAUMATIC

INFECTIVE

INFLAMMATORY

NEOPLASTIC

DEVELOPMENTAL

DEGENERATIVE

IDIOPATHIC

# CONGENITAL

KLIPPEL FIELD SYNDROME

ERBS PALSY

KLUMPKES PARALYSIS

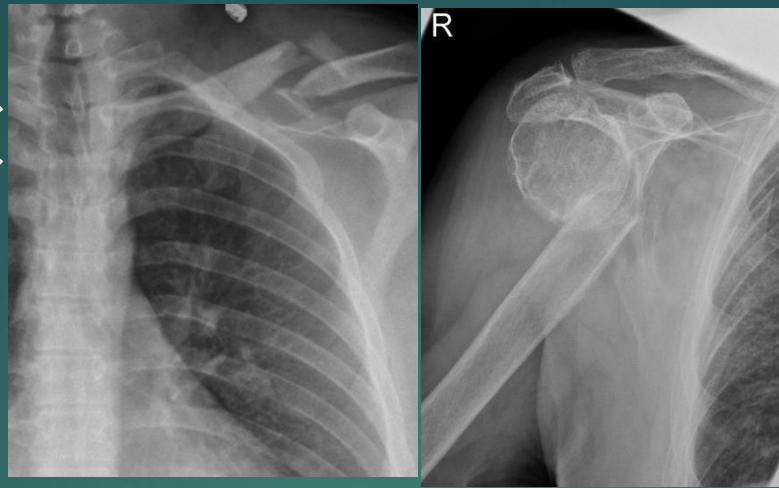
# DEVELOPMENTAL

DYSPLASIAS

TORTICOLIS

# TRAUMATIC

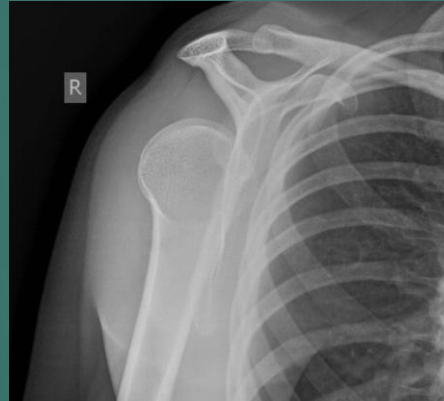
FRACTURE



AVULSION



DISLOCATIONS  
FIRST EPISODE  
RECURRENT



SUBLUXATION

CUFF TEAR



# INFECTIVE

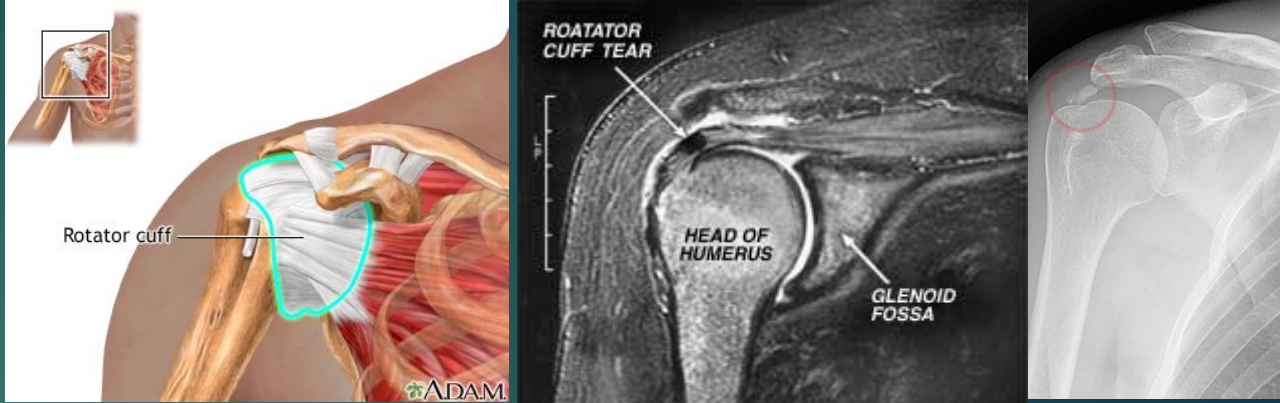
PYOGENIC

SEPTIC ARTHRITIS

TUBERCULAR

CARRIES SICCA

# INFLAMMATORY



TENDINITIS/TEAR

ROTATOR CUFF (PASSIVE MOVEMENTS ARE PRESERVED)

CALCIFIC

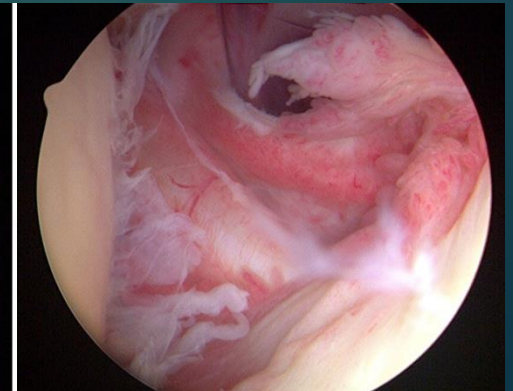
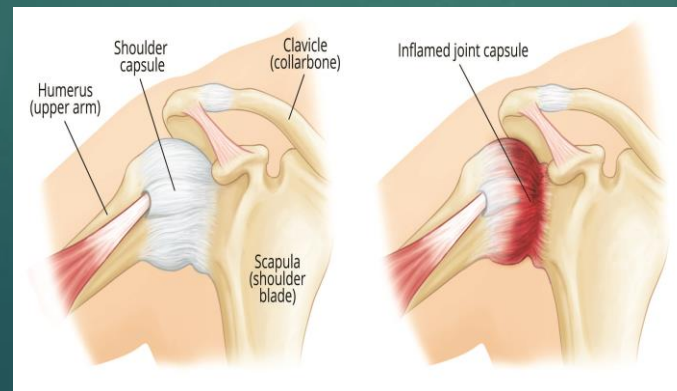
BURSITIS



CAPSULITIS

FROZEN SHOULDER (BOTH MOVEMENT ARE REDUCED)

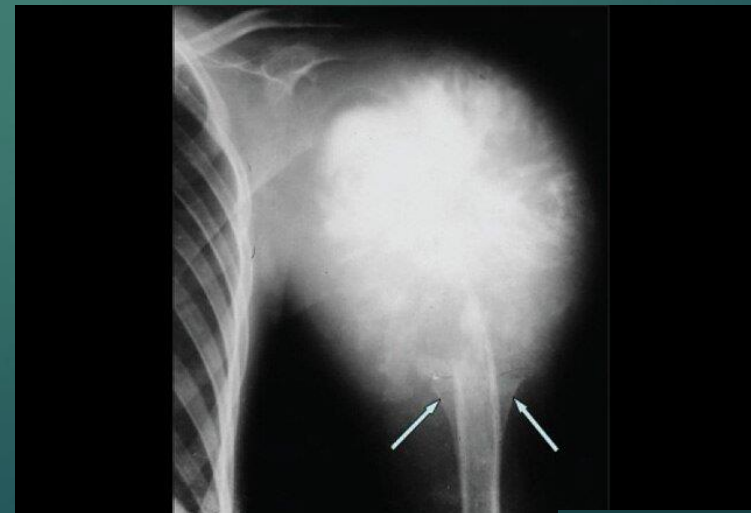
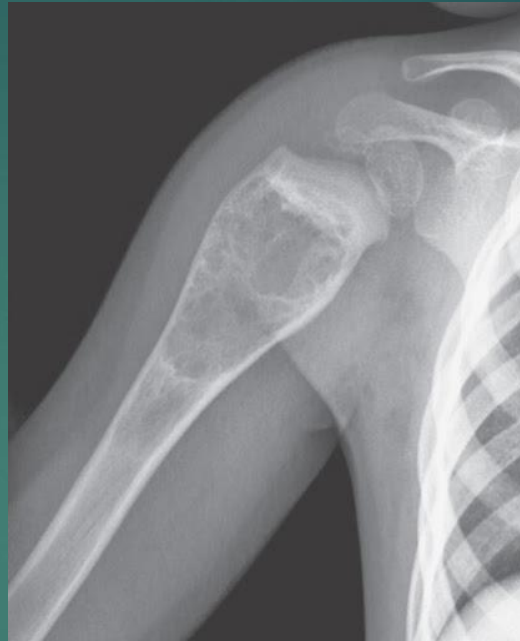
RHEUMATOID



# NEOPLASTIC

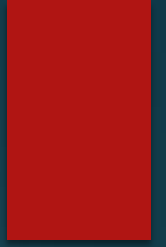
BENIGN

MALIGNANT



METABOLIC

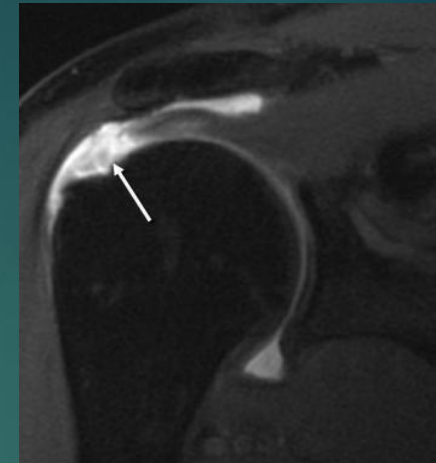
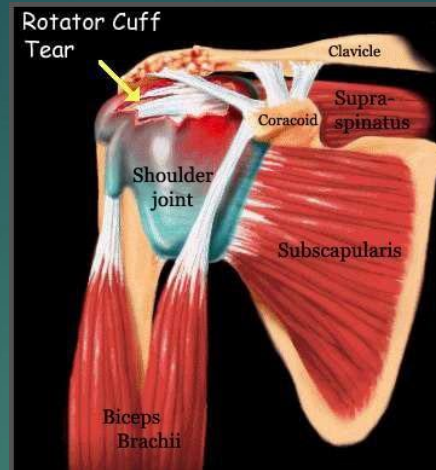
**RELATIVELY SPARED**





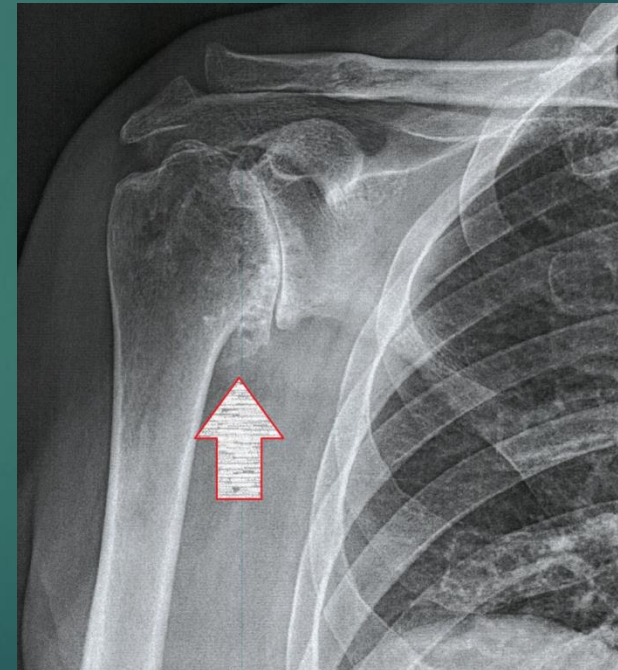
# DEGENERATIVE

## ROTATOR CUFF ARTHROPATHY



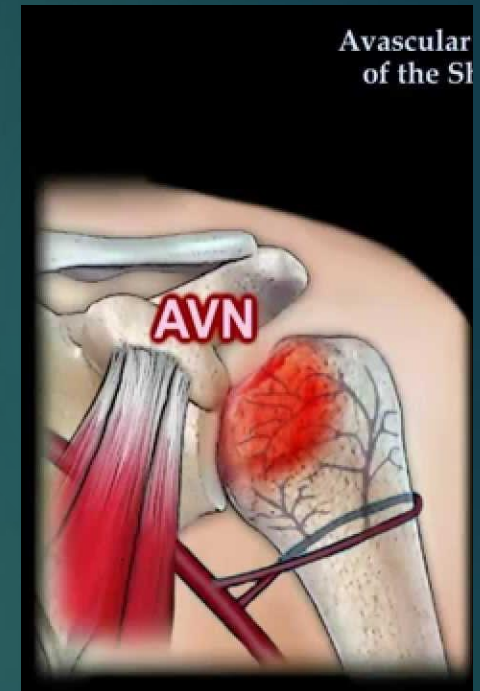
## GLENOHUMERAL ARTHRITIS

## AC JOINT ARTHRITIS



# IDIOPATHIC

## AVASCULAR NECROSIS OF HEAD OF HUMERUS



# HISTORY

## AGE

<25 YRS - INSTABILITY


25-50 YRS - INSTABILITY

TENIDINITIS (INFLAMMATION

>40 YRS - ROTATOR CUFF

TENDINITIS (INFLAMMATION

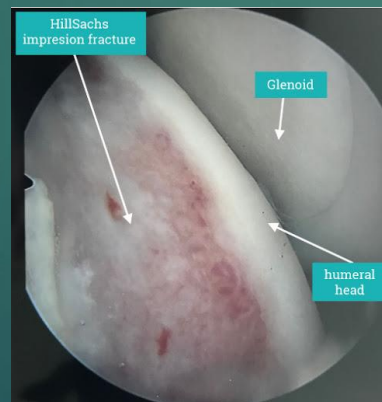
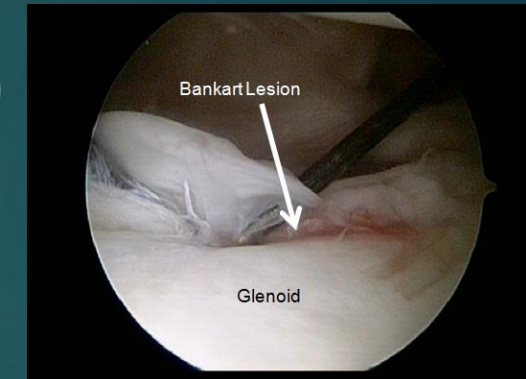
ARTHRITIS

- 
- ▶ FRACTURE (TRAUMA)
  - ▶ INFECTION
  - ▶ TUMOR

# INSTABILITY

## RECURRENT SHOULDER DISLOCATION

- ▶ LABRUM TEAR (BANKART LESION)
- ▶ HILL SACH'S LESION
- ▶ SLAP LESION



# SEX

▶ TENDINITIS

# SITE

▶ UNILATERAL

▶ BILATERAL

**USUALLY ASSOCIATED WITH CERVICAL SPONDYLOSIS**

# DURATION

ACUTE

SUB ACUTE

CHRONIC

WAXING AND WAINING

# CHARECTER OF PAIN

SHARP

DULL ACHING



# RADIATION/REFERRED PAIN

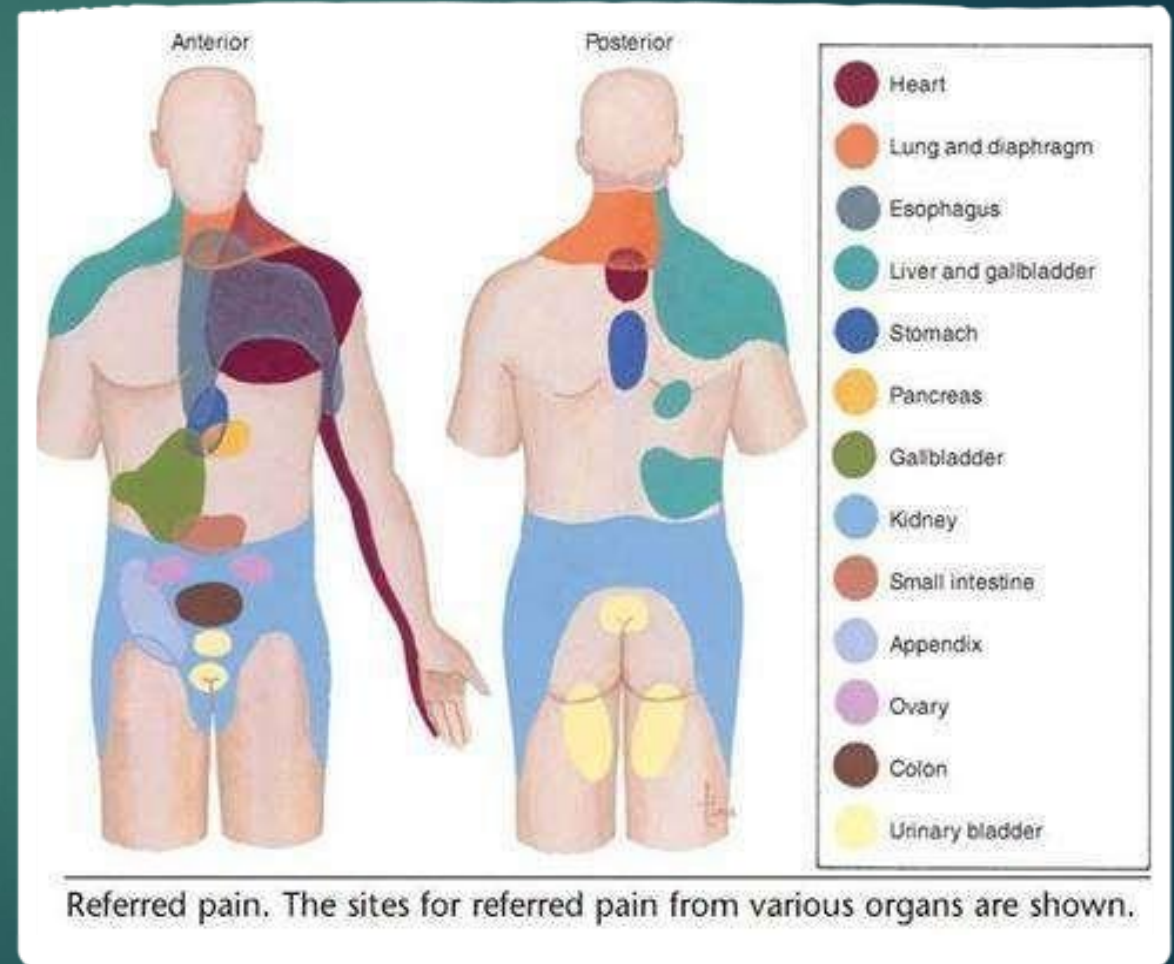
CERVICAL C6-7

BRACHIAL NEURALGIA

MYOCARDIAL

DIAPHRAGMATIC

LIVER/GALL BLADDER



# DIURNAL VARIATION

NIGHT PAIN

AWAKENING IN SLEEP



**SEVERITY**

# ASSOCIATED FACTORS

FEVER

INFECTION

NECK PAIN

CERVICAL

VERTIGO

CERVICAL

WEAKNESS IN SHOULDR

NEUROPATHY, ROTATOR CUFF TEAR

STIFNESS

ADHESIVE CAPSULITIS, FROZEN SHOULDER

# AGGREGATING /RELIEVING FACTOR

MOVEMENT SHOULDER  
NECK

THROWING

LIFTING OBJECTS

# OTHER HISTORY

TRAUMA

DIABETES

# CLINICAL EXAMINATION

SWELLING

TEMPERATURE

REDNESS

SPECIFIC TESTS

- TESTS FOR DISLOCATED SHOULDER

- TESTS FOR FRACTURE AROUND SHOULDER

- TESTS FOR RECURRENT SHOULDER DISLOCATION

- TESTS FOR ROTATOR CUFF DISEASE

- TESTS FOR BICIPITAL TENDINITIS

- TESTS FOR SUBACROMIAL PATHOLOGY

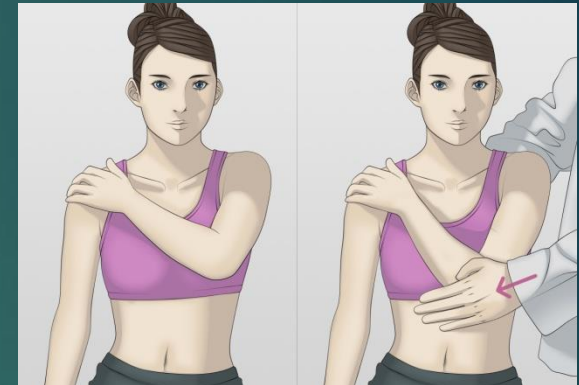
- TESTS FOR ARTHRITIS

# TESTS FOR DISLOCATED SHOULDER

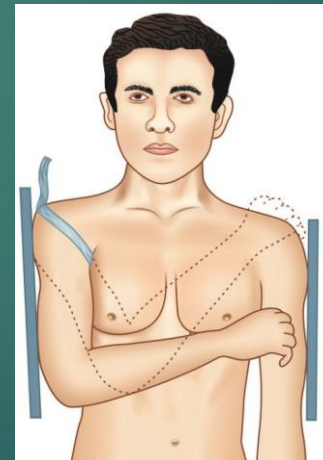
CONTOUR



DUGA'S TEST



HAMILTON RULER TEST



CALLAWAYS TEST

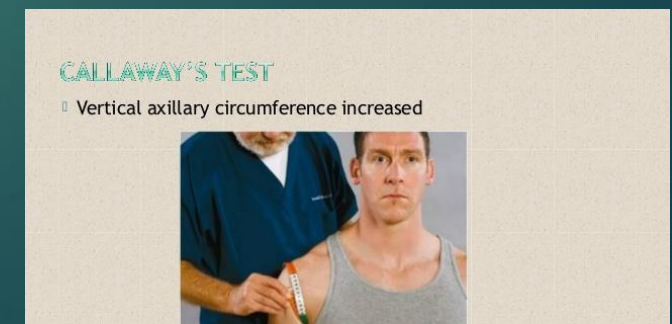


IMAGE COPIED FROM INTERNET

# TESTS FOR FRACTURE AROUND SHOULDER

- ▶ SWELLING
- ▶ TENDERNESS
- ▶ LOSS OF MOVEMENT
- ▶ ABNORMAL MOBILITY



# TESTS FOR RECURRENT SHOULDER DISLOCATION/INSTABILITY

APPREHENSION TEST

RELOCATION RELEASE TEST

O'BRIEN TEST

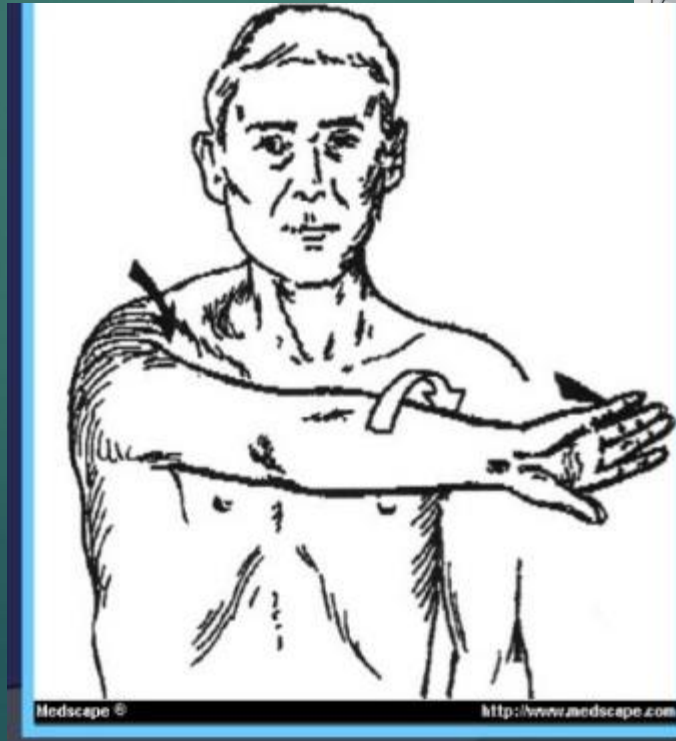
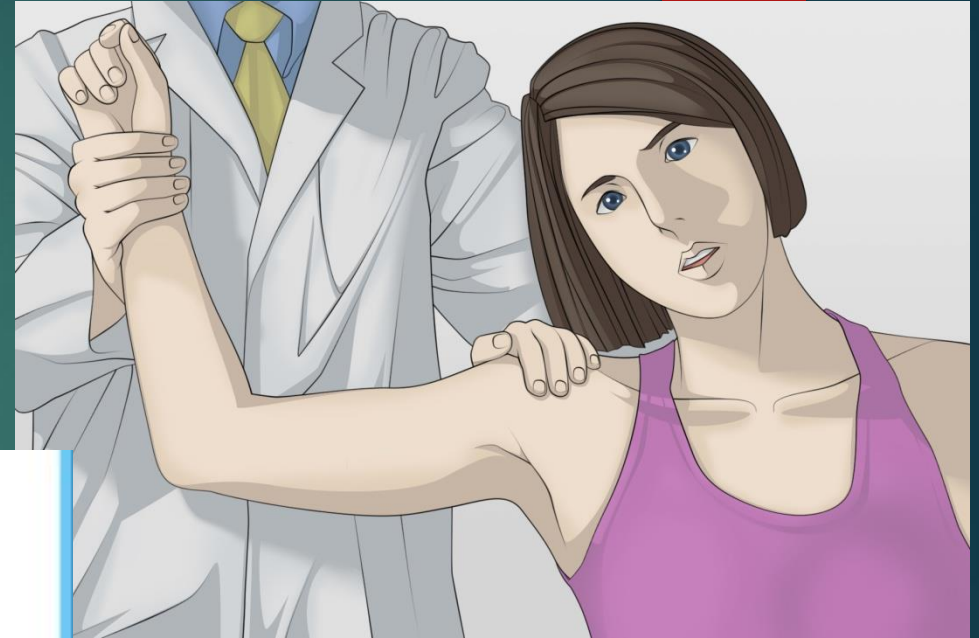


IMAGE COPIED FROM INTERNET

# TESTS FOR ROTATOR CUFF DISEASE

FULL CAN TEST

EMPTY CAN TEST

BELLY PRESS TEST

LIFT OFF TEST

# TESTS FOR BICIPITAL TENDINITIS

## SPEED'S TEST



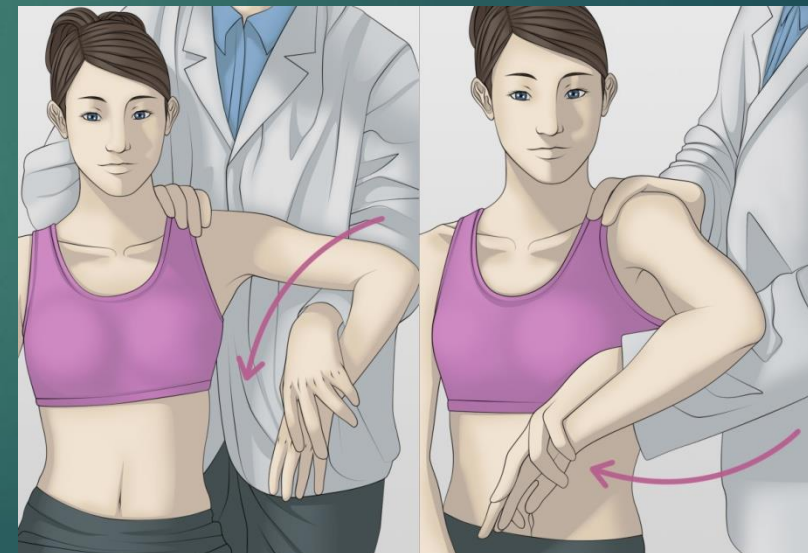
# TESTS FOR SUBACROMIAL PATHOLOGY

PAIN FULL ARC



NEER'S TEST

HAWKINS TEST



# TESTS FOR ARTHRITIS

Painful stiffness with bony block

# INVESTIGATION

XRAYS

MRI

**HRUSG**

BLOOD WORKS

PAIN OVER SHOULDER

RADIATION/ REFFERED PAIN

**PRESENT**

- CARDIAC
- DIAPHRAGMATIC
- LIVER/GALL BLADDER
- NECK PAIN

**ABSENT**

- HISTORY OF TRAUMA
- AGE
- PROFESSION
- ASSOCIATED FEATURES

RADIATION/REFERRAL PAIN ABSENT

**HISTORY OF TRAUMA**

**SUBSTANTIAL TRAUMA**  
(FRACTURE, DISLOCATION, SUBLAXATION)

**SUTTLE TRAUMA**  
(RC TEAR, SPRAIN)

**AGE**

**<25-** INSTABILITY

**25-50-** INSTABILITY,  
TENDINITIS (rotator cuff, bicipital)

**>50-** RC DISEASE  
ARTHRITIS

**PROSESSION**

OVER HEAD ATHLETE  
(BOWLER/VOLLEYBALL  
/BADMINTON)

LABRUM (SLAP)

SUBACROMIAL  
IMPINGEMENT

**ASSOCIATED FEATURES**

CONTACT  
SPORTS

INSTABILITY





**ASSOCIATED  
FEATURS**

-*FEVER* (Infection)

-*CATCHING POPPING* (Instability,  
Labrum disease)

-*RECURRENT* (Instability)

-*FROZEN SHOULDER* (Diabetes)

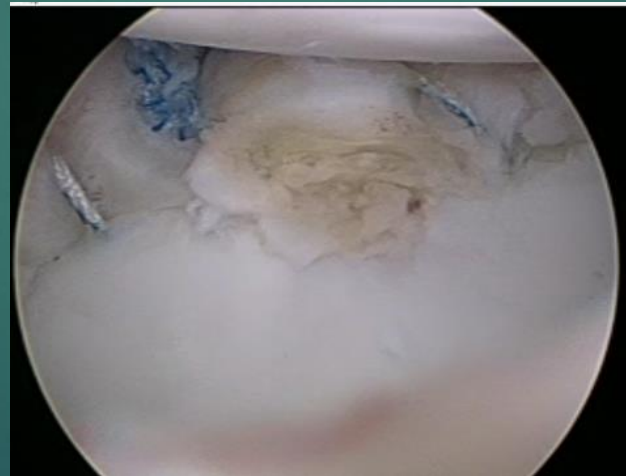
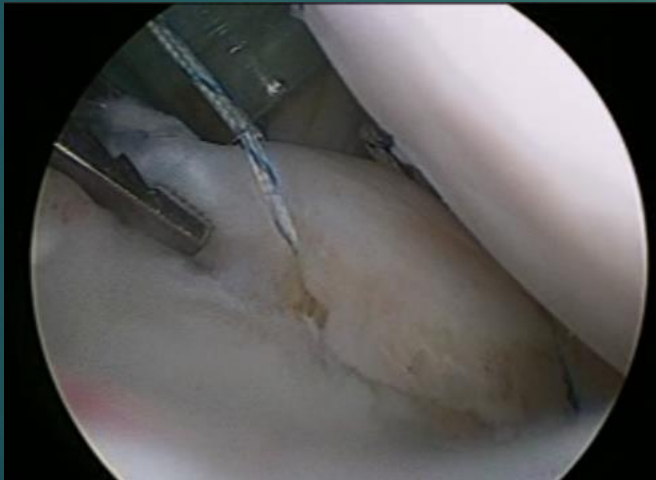
# TREATMENT

CONSERVATIVE

SURGICAL

REHABILITATION

# ARTHROSCOPIC BANKART REPAIR



# MCQS

A 15 YRS OLD YOUNG BOY COMES WITH THE HISTORY OF RECURRENT SHOULDER DISLOCATION,THE PATHOGNOMONIC LESION ?

- A) BICCIPITAL TENDINITIS
- B) BANKART LESION
- C) SUPRASPINATUS LESION
- D) SUBSCAPULARIS NODULE

**ANS ?**

# MCQS

A 50 YRS OLD DIABETIC FEMALE COMES IN ORTHOPEDIC OPD WITH PAIN AND STIFNESS OVER R SHOULDER FOR LAST 3 MONTHS, SHOULDER MOVEMENTS ARE MARKEDLY DECREASED (BOTH PASSIVE AND ACTIVE) AND PAINFULL, MOST PROBABLE CAUSE

- A) FROZEN SHOULDER
- B) ROTATOR CUFF DISEASE
- C) BICIPITAL TENDINITIS
- D) CALCIFIC TENDINITIS

**ANS ?**

# MCQS

A 55 YRS OLD MALE COMES IN ORTHOPEDIC OPD WITH PAIN AND STIFNESS OVER R SHOULDER FOR LAST 3 MONTHS, ACTIVE SHOULDER MOVEMENTS ARE MARKEDLY DECREASED BUT PASSIVE MOVEMENTS ARE PRESERVED MOST PROBABLE CAUSE

- A) FROZEN SHOULDER
- B) ROTATOR CUFF TEAR
- C) BICIPITAL TENDINITIS
- D) CALCIFIC TENDINITIS



**ANS ?**

# MCQS

- ▶ 10. When a 25-year-old patient comes into your practice with the following complaints: – Pain with overhead movements – Pain usually gets worse after activities and at night – Shoulder has been dislocated one year ago During the assessment you notice that the patient has pain when abducting and externally rotating his shoulder. Also, the patient's shoulder is clicking and popping during the assessment. What would you suspect the patient to have?
  - ▶ A.Shoulder instability
  - ▶ B.BICICIPITAL lesion
  - ▶ C.Shoulder impingement
  - ▶ D.Rotator cuff pathology

**ANS ?**

# MCQS

- ▶ 11. A 45-year-old man comes to the physician because of right shoulder pain that began after he chopped wood 2 days ago. Examination of the right upper extremity shows no obvious bone deformities or point tenderness. The pain is reproduced. When the patient is asked to externally rotate the shoulder against resistance; there is no weakness. In addition to the teres minor, inflammation of which of the following tendons is most likely in this patient?
- (A) Infraspinatus
  - (B) Pectoralis
  - (C) Subscapularis
  - (D) Supraspinatus

**ANS ?**

# MCQS

▶ 11. A 65 YRS OLD MALE PRESENTS WITH PAIN LEFT SHOULDER WITH RADIATION TO UNDER ARMS UPTP LEFT ARM WITH TIGHTNESS IN CHEST FOR LAST ONE DAY MOST PROBLE LINE OF INVESTIGATION

(A) ECG

(B) XRAY LEFT SHOULDER

(C) CBC

(D) HRUSG SHOULDER

**ANS ?**

# MCQS

▶ 11. A 45 YRS OLD FEMALE PRESENTS WITH PAIN LEFT SHOULDER WITH RADIATION TO ARMS UPTO LEFT HANDS AND FINGERS WITH NECK DISCOMFORT AND VERTIGO FOR 15 DAYS MOST CAUSE TO RULE OUT

- (A) BRACHIAL NEURALGIA
- (B) CERVICAL DISC DISEASE
- (C) SUBACROMIUAL IMPINGEMENT
- (D) NEOPLASM PROXIMAL HUMERUS



**ANS ?**

# THANK YOU

