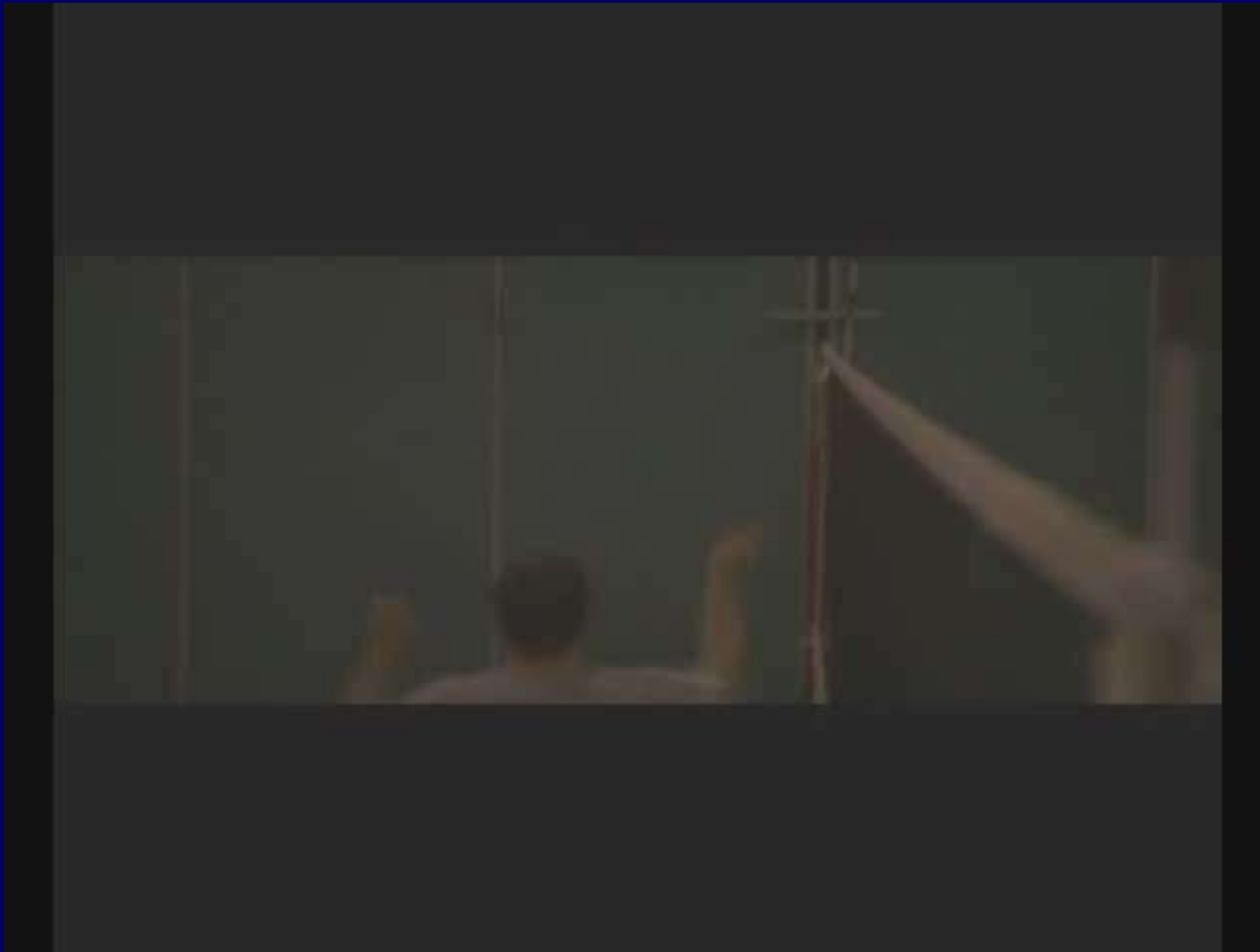


HANDS ON: Shoulder Evaluation

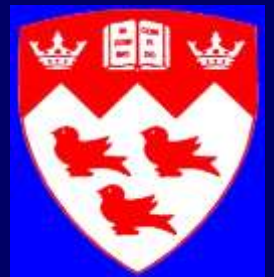
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FACULTY DISCLOSURE

Dr. Delaney

has no affiliation with the manufacturer of any commercial product or provider of any commercial service discussed in this CME activity



Objectives

- 1. Gain an overall approach to examining the injured shoulder**
- 2. Determine if a rotator cuff injury is present and how injection of local anesthetics may help with the diagnosis**
- 3. Determine if an acromioclavicular injury or instability is present**
- 4. Determine if a labral tear is present**

Case 1

- A 34 year old volleyball players feels that her shoulder is “popping out” when she spikes the ball. This has happened several times and each time it happens, she has less pain afterwards.
- On exam you note this:

Case 2

- A 19 year old wrestler has a lot of pain in his left shoulder after landing on his shoulder as such ...



Case 2

- And he holds his shoulder as such....



Case 2

- And when you take his shirt off...



“SCARE” Technique

- Straighten
- Curl
- Abduct
- Ring
- Evaluate sensation & pulses





Shoulder – Glenohumeral joint

- Identify postero- lateral **acromion** edge
- Identify coracoid anteriorly



Shoulder – Glenohumeral joint

- Place needle 2-3 cm inferior and medial below acromion edge (into soft spot)
- Aim towards to coracoid



Shoulder - Subacromial space

- Identify the Acromion
- subacromial space



Shoulder - Subacromial space

- Introduce needle 1 cm below acromion edge (into soft spot)
- Angle slightly upwards under acromion



Subacromial – posterior approach



Subacromial – posterolateral approach



Subacromial – lateral approach



Subacromial – anterior approach



Hands On Time !!