Shoulder Special Testing: Glenohumeral Instability Tests

Shoulder Special Testing for Glenohumeral Instability involves a set of crucial examinations. The anterior apprehension test assesses anterior instability, the posterior apprehension test evaluates posterior instability, and the sulcus sign detects inferior instability. When conducted accurately, these specialized tests play a pivotal role in comprehensively evaluating and identifying potential weaknesses or instability issues within the shoulder joint, aiding in effective diagnosis and treatment planning.



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Glenohumeral Anterior Instability

Anterior Apprehension Test
Anteater Apprehensive
During the Anterior Apprehension Test, patients will be lying supine with their shoulder in 90 degrees of abduction and the elbow flexed to 90 degrees in neutral shoulder rotation. The clinician will slowly externally rotate into full range of motion. A positive test is indicated by apprehension from the patient.

Glenohumeral Posterior Instability

Posterior Apprehension Test
Post-terrier Apprehensive
The Posterior Apprehension test is designed to test for instability of the posterior aspect of the glenohumeral joint. Patients will lay supine on a therapy table with their shoulder flexed 90°, internally rotated, and their elbow flexed. Once in position, the clinician grasps the patient's elbow with one hand, stabilizing the ipsilateral and involved shoulder with the other hand. Finally, the clinician will slowly provide a posterior force through the long axis of the humerus. The test is considered positive if the patient has a look of apprehension or fear or does not wish to continue with the test.

Glenohumeral Inferior Instability

Sulcus Sign
Succulent Sign
The Sulcus Sign the superior glenohumeral and the coracohumeral ligament. Patients will be in a seated position with the forearm resting on the lap, and the clinician will stabilize the scapula and apply a downward force at the elbow with the arm in a neutral position. A positive Sulucs Sign test is indicated by a noticeable drop-off or "sulcus" between the acromion and the head of the humerus.

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