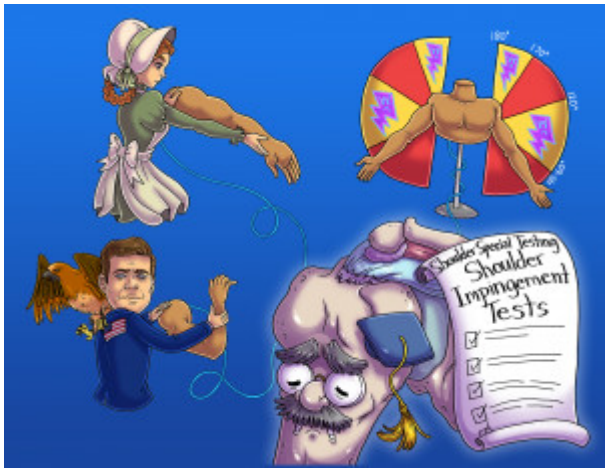
Shoulder Special Testing: Shoulder Impingement Tests

Shoulder Impingement Tests encompass a set of diagnostic evaluations aimed at identifying potential impingement of structures within the shoulder joint. The Hawkins-Kennedy Test involves forcefully elevating the arm to evaluate subacromial impingement by compressing the greater tuberosity against the acromion. The Neer Test assesses potential impingement by passively elevating the arm in internal rotation, stressing the supraspinatus tendon and long head of the biceps against the coracoacromial arch. The Painful Arc Test identifies impingement-related discomfort during a specific range of active shoulder abduction, indicating possible subacromial irritation. These tests collectively aid clinicians in diagnosing shoulder impingement issues and guide appropriate treatment strategies for individuals experiencing pain and limited range of motion in the shoulder joint.



PLAY PICMONIC

Shoulder Impingement Tests

Hawkins-Kennedy Test

Hawk-Kennedy

The Hawkins-Kennedy Test is useful for assessing possible impingement of the supraspinatus muscle. The test begins with the patient in a seated position while the clinician places the arm in 90 degrees of shoulder flexion and 90 degrees of elbow flexion, followed by placing the arm into internal rotation. A positive test is indicated by pain with internal rotation, potentially identifying supraspinatus impingement.

Neer Test

Pio-Neer

The Neer's Test is useful for the identification of shoulder impingement within the subacromial space of the shoulder joint. During testing, the patient will be in a seated or standing position while the clinician stabilizes the scapula with one hand while passively flexing the arm with maximal internal rotation. A positive test is indicated by pain in this position which identifies potential subacromial impingement syndrome.

Painful Arc

Pain-bolt Arc

The Painful Arc test is another test that is useful in identifying impingement within the shoulder joint. To begin, the patient will be in a seated or standing position - the clinician will ask the patient to abduct the arm in the scapular plane. The patient will tell the clinician if there is pain with this motion as they continue to abduct the arm. A positive test is indicated by a patient experiencing pain between 60 and 120 degrees of abduction which reduces once past 120 degrees of abduction.