

HISTORY & PHYSICAL EXAM OF THE UPPER EXTREMITY

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HISTORY

AGE

OCCUPATION

SITE & QUALITY

DURATION

ONSET

SPREAD

BEHAVIOR

ASSOCIATED SYMPTOMS

PAST MEDICAL HISTORY: disease states(dm;ca;renal;depression) meds
previous treatment and results

SOCIAL HISTORY: hand dominance; work status (work injury)
living arrangement, family & social support

CC: 52 y.o. right handed PA w right shoulder pain for 6 months

HPI: ptn had gradual onset right shoulder pain, no known trauma, did seem to occur after playing baseball, pain is dull, achy, not burning; located on outside of upper arm; constant; worse when reaching above head or sleeping on it; better at rest with arm at side. Has tried ibuprofen without help, no other treatment. Denies numbness, weakness

PM HX: no disease states, meds: aspirin daily

SOC HX: married, children, own home, works full time PA, job and activities not significantly affected by problem. Not work comp nor mva nor liability injury.

PHYSICAL EXAM

INSPECTION

PALPATION

RANGE OF MOTION

RESISTED MOVEMENTS

SPECIAL TESTS

NEURO/ VASCULAR

AUXILIARY TEST- xrays, labs, emg

HAVE PATIENT

POINT WITH ONE

FINGER TO WHERE

PAIN IS

the image below has been taken to a wrong angle



this is the same one viewed on the right angle...



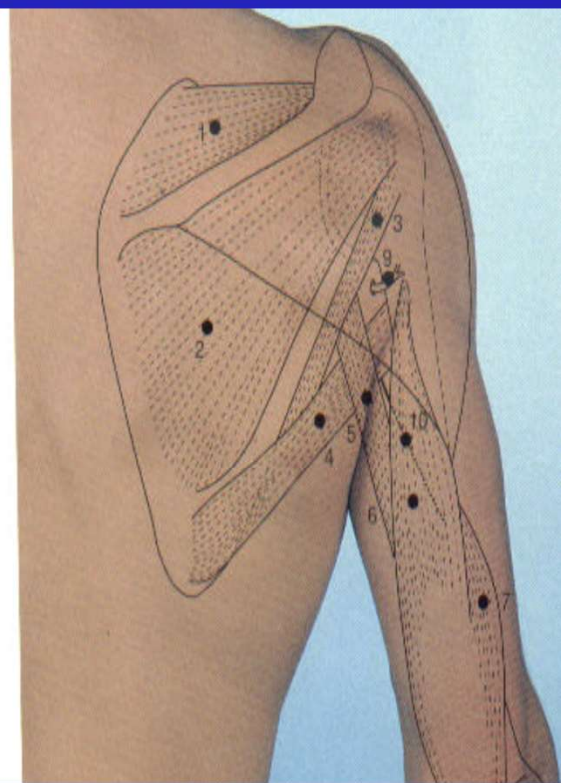
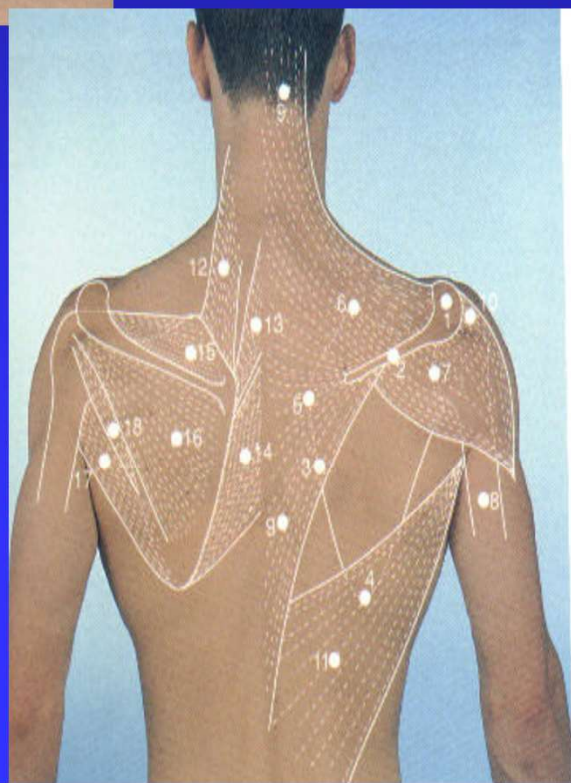
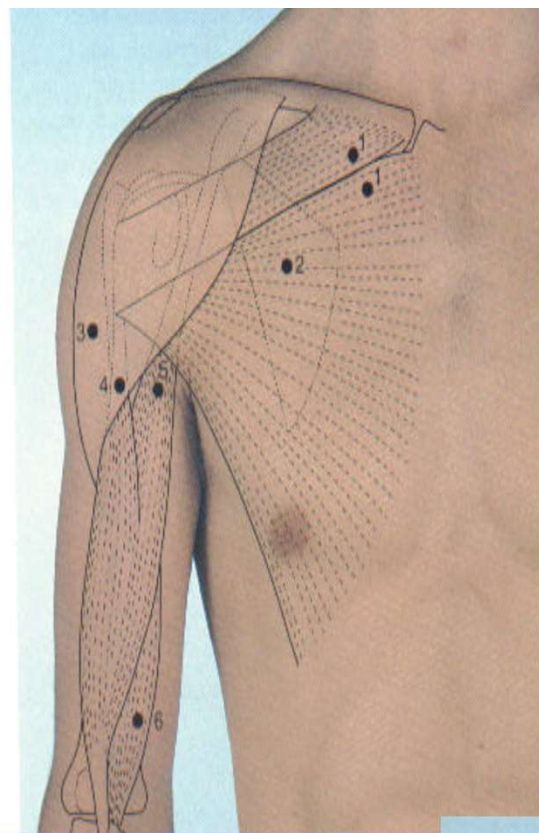
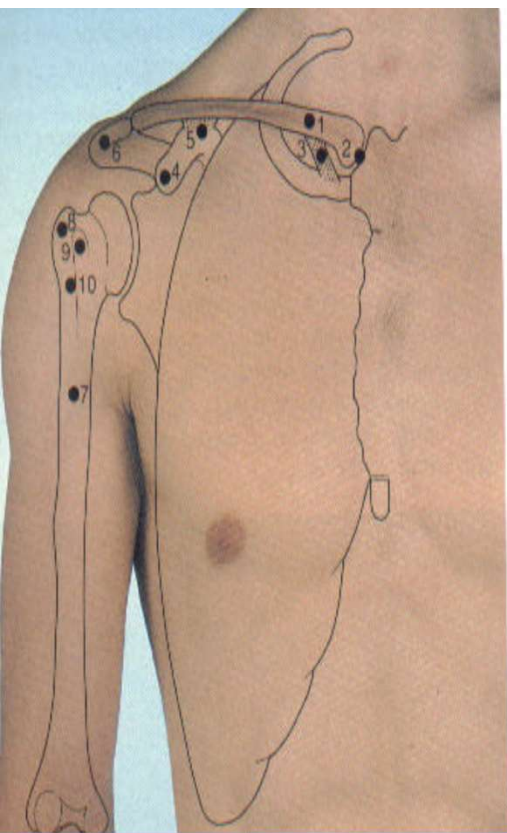
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Julian Beever sidewalk artist

SHOULDER EXAM

INSPECTION- watch patients movement, body habitus, affect
color- red (inflammation/infection), ecchymotic (trauma)
deformity- asymmetry may suggest fracture/ dislocation
swelling- attention to a-c joint, deltopectoral groove
atrophy- attention to supraspinatous, infraspinatous muscle
wasting

PALPATION- start with gentle, firm, healing touch
temperature- warmth suggests inflammation, infection
crepitus- may suggest degenerative changes
swelling- joint, bursa
tenderness- palpate anatomical landmarks- spine of the
scapula, posterior angle of acromion, lateral edge of
acromion, a-c joint, clavicle, coracoid process



SHOULDER EXAM- (screen neck)

RANGE OF MOTION

active- check for range, willingness, pain

forward flexion- 180 degrees; extension- 45 degrees

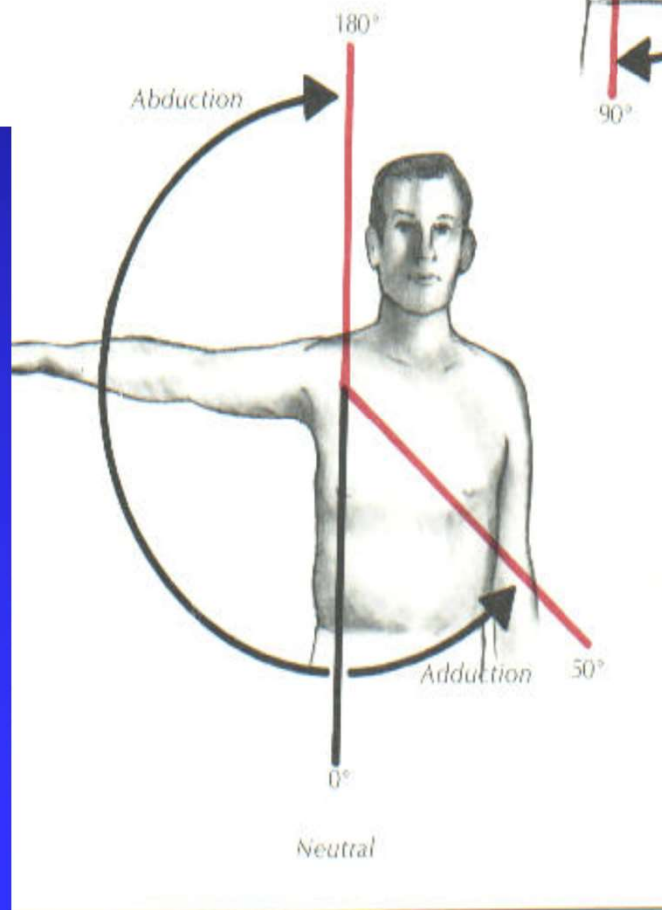
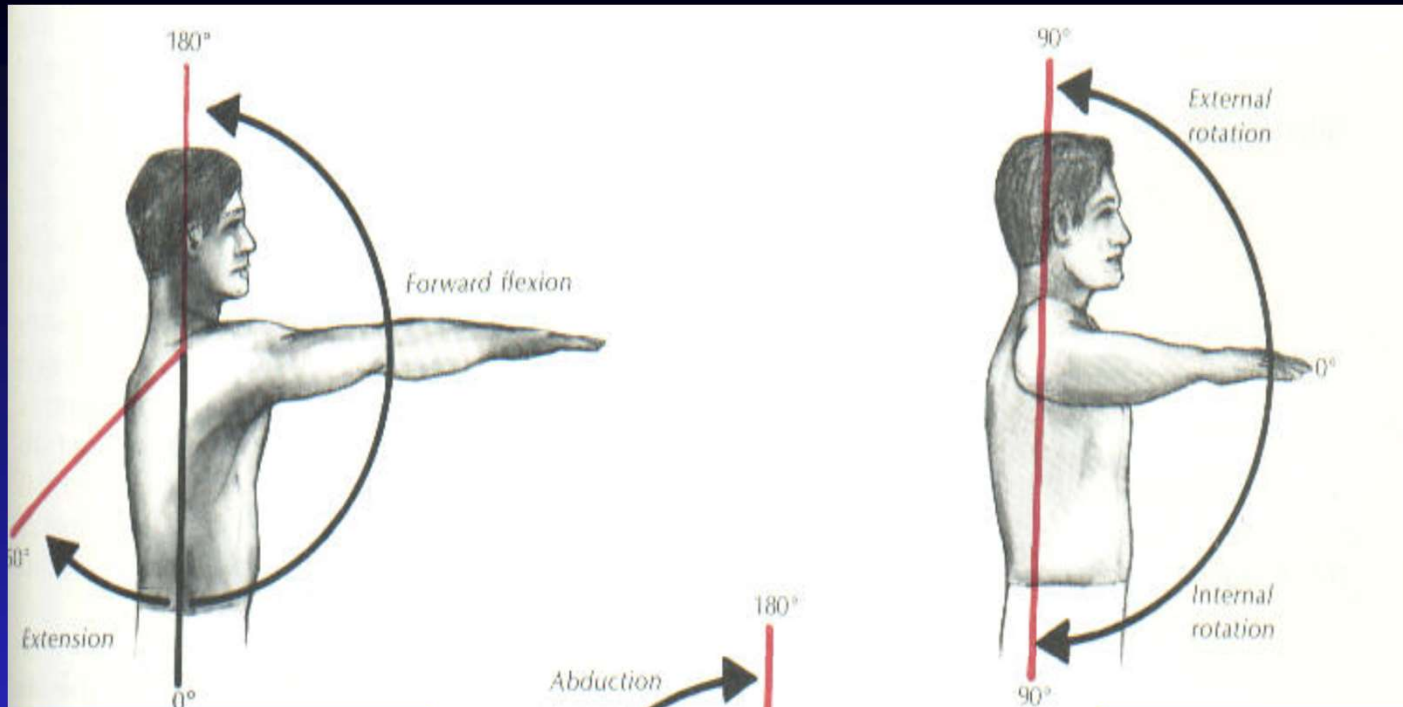
abduction- 180 degrees; adduction- 45 degrees

external rotation- 90 degrees; internal rotation 90 degrees

passive- check for range, end feel, pain

if active range of motion is limited do passive
range of motion is the same as active

If external rotation is most limited- suggests frozen shoulder
(adhesive capsulitis)



SHOULDER EXAM

RESISTED MOVEMENTS- grade strength from 0 to 5

- flexion- anterior deltoid, coracobrachialis
- extension- posterior deltoid, latissimus dorsi, triceps
- abduction- mid deltoid, supraspinatus
- adduction- pectoralis, latissimus dorsi, teres major
- external rotation- infraspinatus, teres minor
- internal rotation- subscapularis, teres major



3.15

Fig 3.15 *Resisted abduction, correct.*



3.16

Fig 3.16 *Resisted adduction.*



3.17

Fig 3.17 *Resisted lateral rotation.*



3.18

Fig 3.18 *Resisted medial rotation.*



3.19

Fig 3.19 *Resisted elbow flexion.*



3.20

Fig 3.20 *Resisted elbow extension.*

Fig 3.21 *Resisted abduction, incorrect.*



3.21

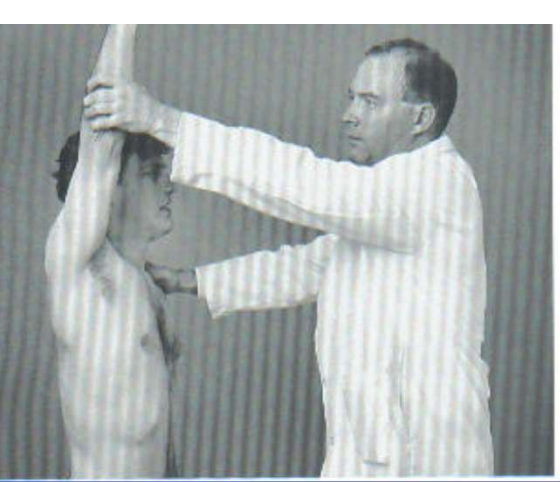
SHOULDER EXAM

SPECIAL TESTS-

impingement tests- Neers, Hawkins, painful arc
rotator cuff tear- drop arm test
supraspinatous test- empty beer can test
subluxation- apprehensive test

NEURO/ VASCULAR

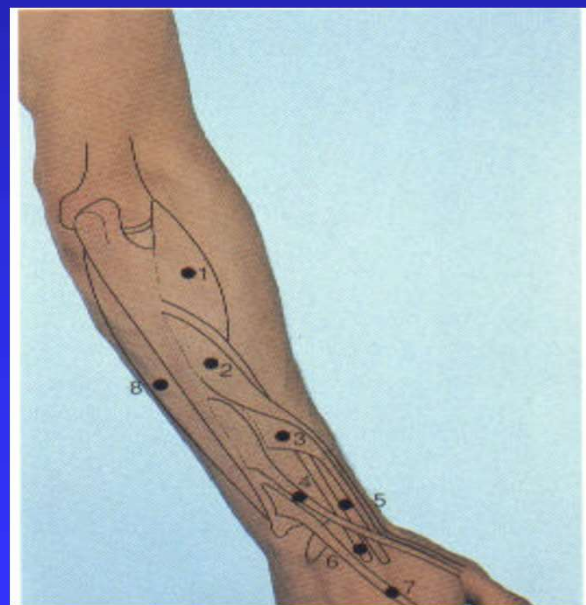
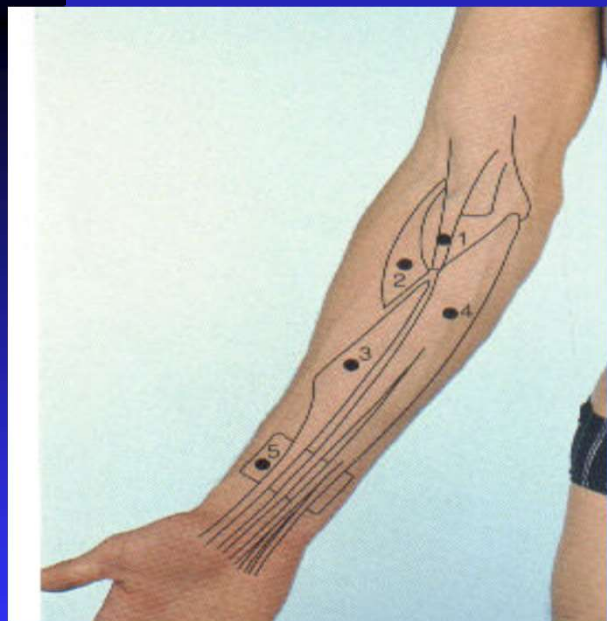
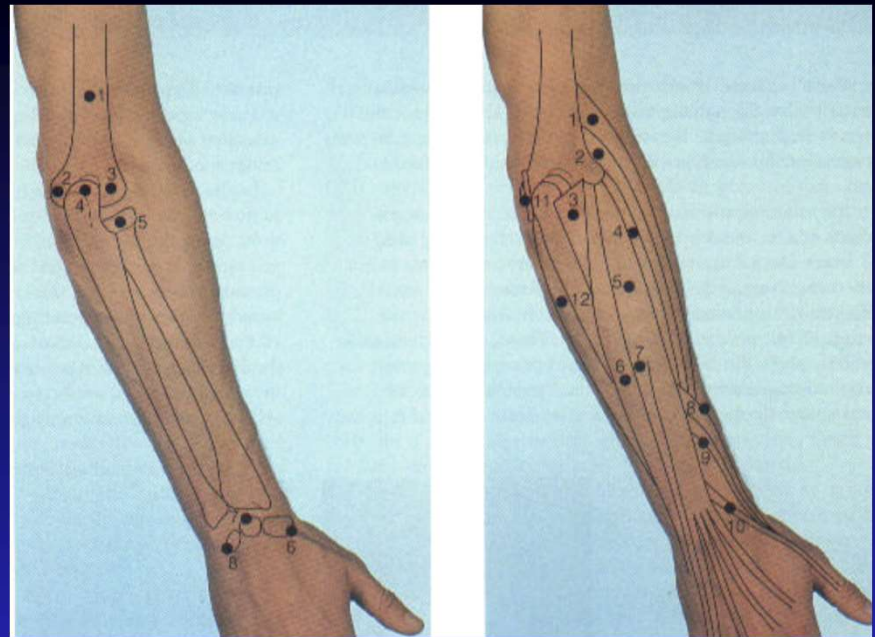
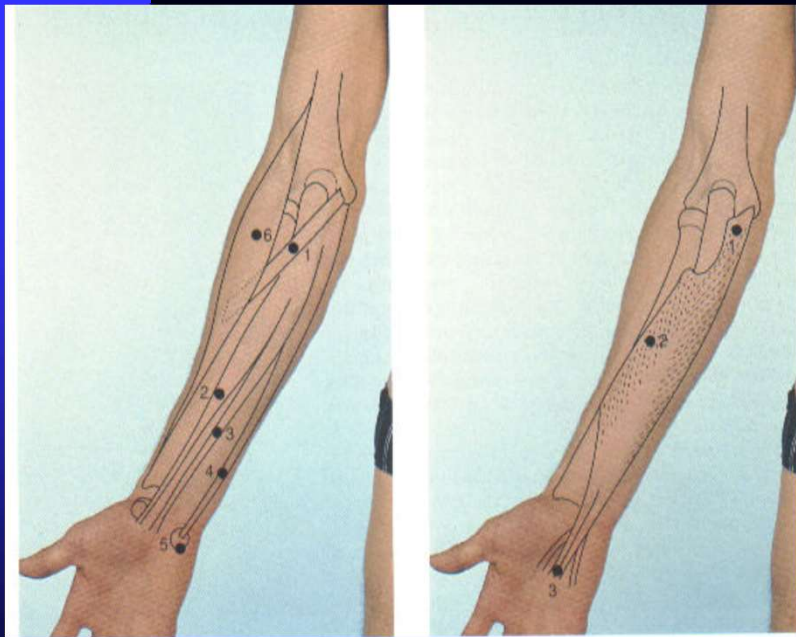
AUXILLIARY TEST- xrays, labs, emg



ELBOW EXAM

INSPECTION- watch patients movement, body habitus, affect
color- red (inflammation/ infection), ecchymotic (trauma)
deformity- fracture, dislocation, biceps tendon rupture
swelling- localized (bursa), generalized- joint
atrophy- muscle wasting

PALPATION- start with gentle, firm, healing touch
temperature- warmth suggests inflammation, infection
crepitus- grinding sensation/ noise, suggests degenerative
changes
swelling- joint, bursa (olecranon)
tenderness- use anatomical landmarks to identify tender
tissues, radial head, lateral & medial epicondyle, ulnar
nerve, wad of 3



ELBOW EXAM

RANGE OF MOTION

active- check for range, willingness, pain

flexion- 135 degrees; extension-0 degrees

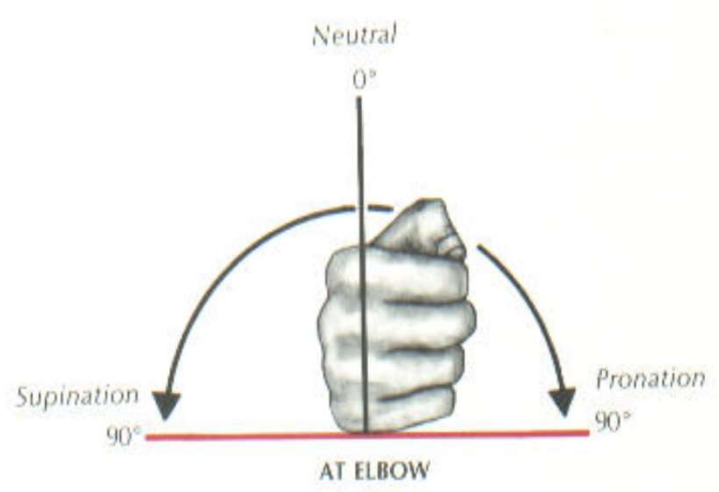
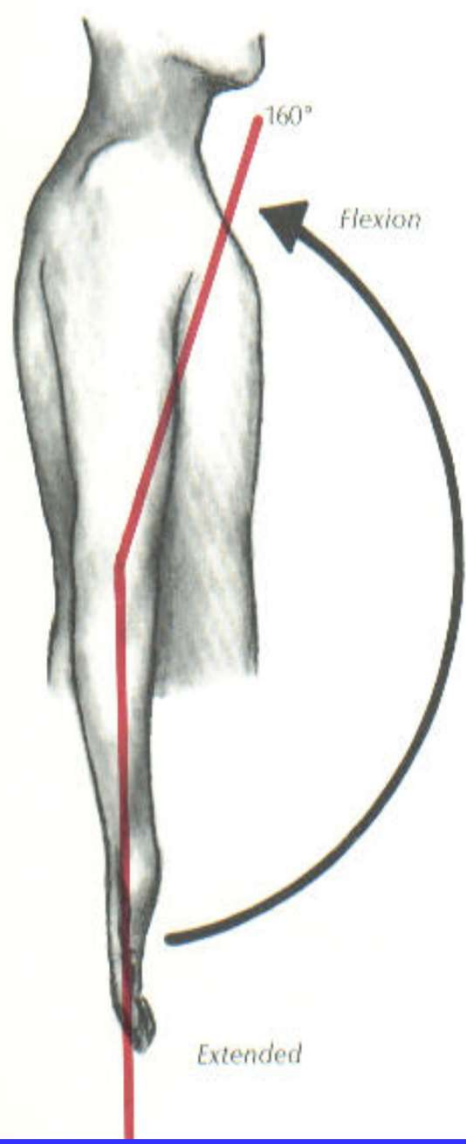
pronation- 90 degrees; supination- 90 degrees

passive- check for range, end feel, pain

if active range of motion is limited do passive

range of motion is same as active

If greater loss of flexion than extension suggests joint pathology



ELBOW EXAM

RESISTED MOVEMENTS- grade strength from 0 to 5

flexion- biceps

extension- triceps

pronate- pronator

supinate- supinator, biceps

SPECIAL TESTS-

tennis elbow (lateral epicondylitis)- pain with resisted wrist extension

golfers elbow (medial epicondylitis)- pain with resisted wrist flexion

NEURO/ VASCULAR

AUXILIARY TESTS- xrays, labs



4.4



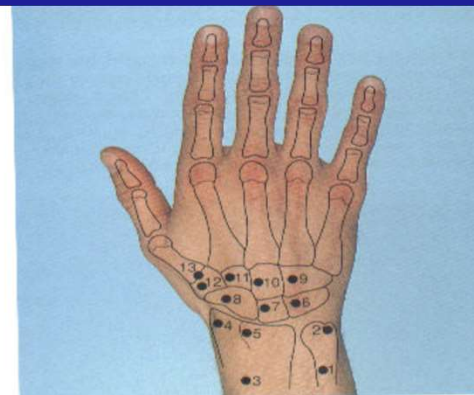
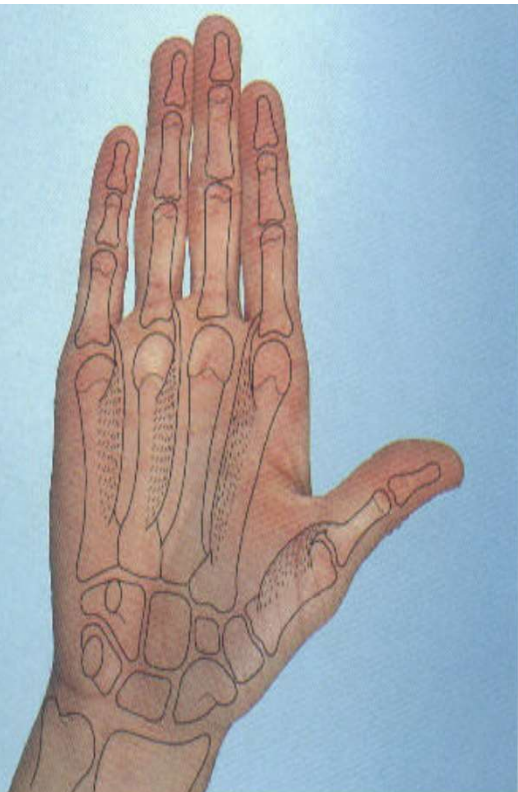
4.5



WRIST AND HAND EXAM

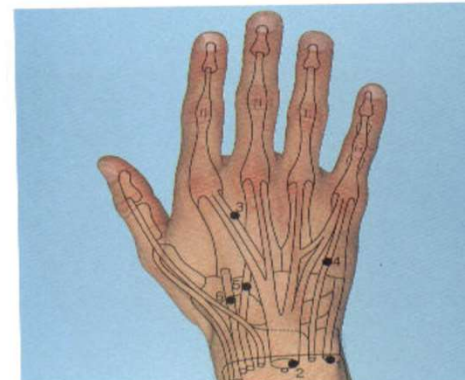
INSPECTION- watch patients movements, body habitus, affect
color- red suggests inflammation/ infection, ecchymotic- trauma
deformity- asymmetry suggests fracture/ dislocation
swelling- localized- ganglion, mucus cyst, generalized- joint,
soft tissue, may be traumatic or inflammatory
atrophy- muscle wasting, look at 1st web space, hypothenar and
thenar eminence

PALPATION- start with gentle, firm, healing touch
temperature- warmth suggests infection, inflammation
crepitus- severe tendonitis, degenerative changes
swelling- ganglion cyst, mucus cyst, joint, soft tissue
tenderness- think and palpate anatomically, snuffbox, scaphoid,
palmaris longus, basilar joint, wrist joint



6.39
Dorsal aspect of the wrist and hand: bones

1 Ulna	8 Scaphoid
2 Ulna styloid	9 Hamate
3 Radius	10 Capitate
4 Radial styloid	11 Trapezoid
5 Dorsal tubercle of radius	12 Trapezium
6 Triquetrum	13 Carpometacarpal joint of thumb
7 Lunate	



6.38
Dorsal aspect of the supine wrist and hand

6.40
Dorsal aspect of the wrist and hand: tendons

1 Extensor carpi ulnaris	6 Extensor carpi radialis longus
2 Extensor digitorum	7 Extensor retinaculum
3 Extensor indicis	
4 Extensor digiti minimi	

WRIST & HAND EXAM

RANGE OF MOTION

active- check for range, willingness, pain

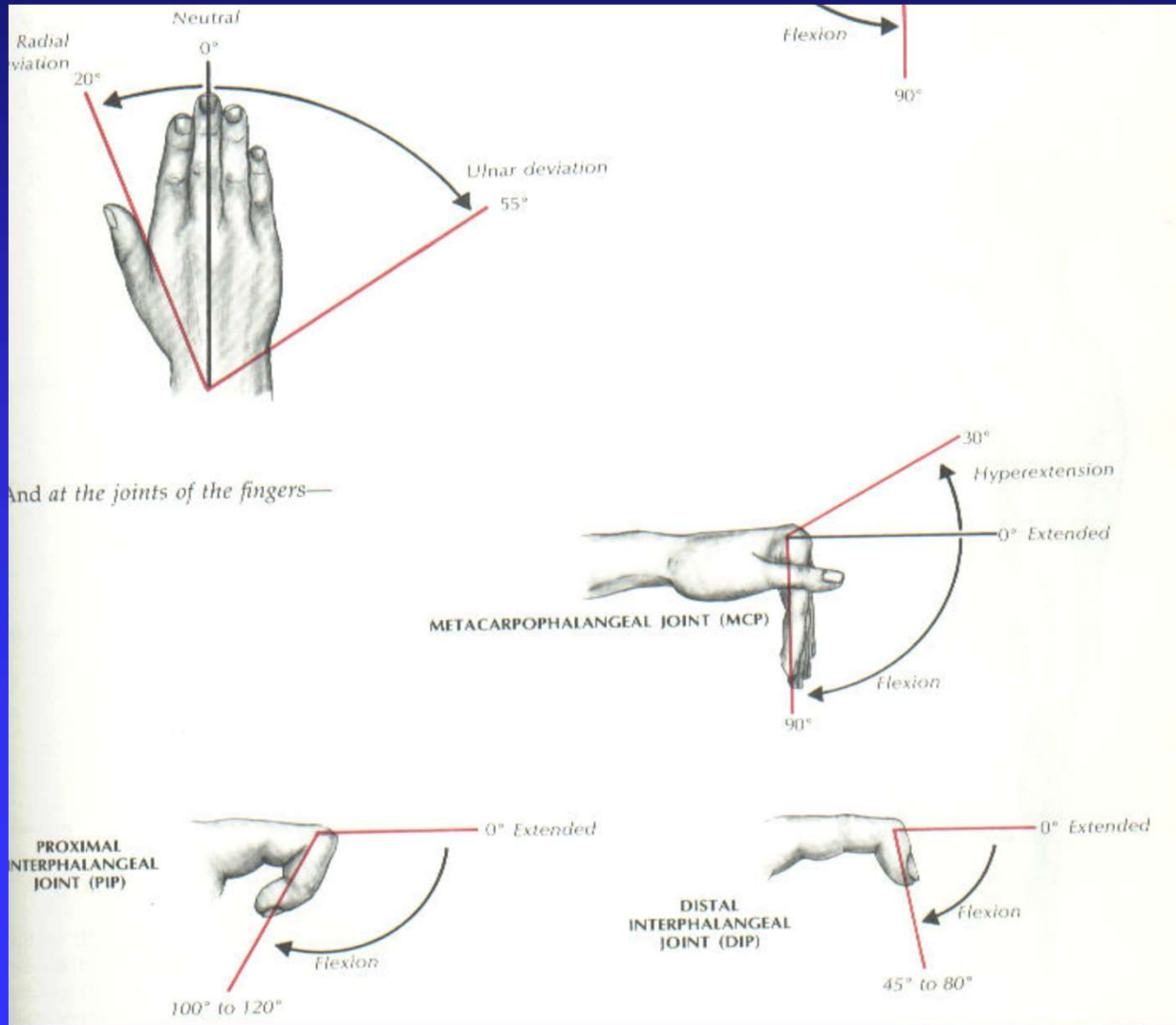
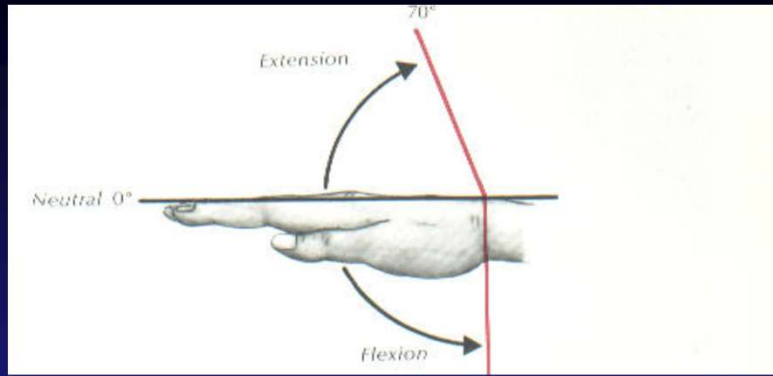
flexion- 80 degrees, extension- 70 degrees

ulnar deviation- 45 degrees; radial deviation-
20 degrees

passive- check for pain, range, end feel

if active range of motion is limited do passive

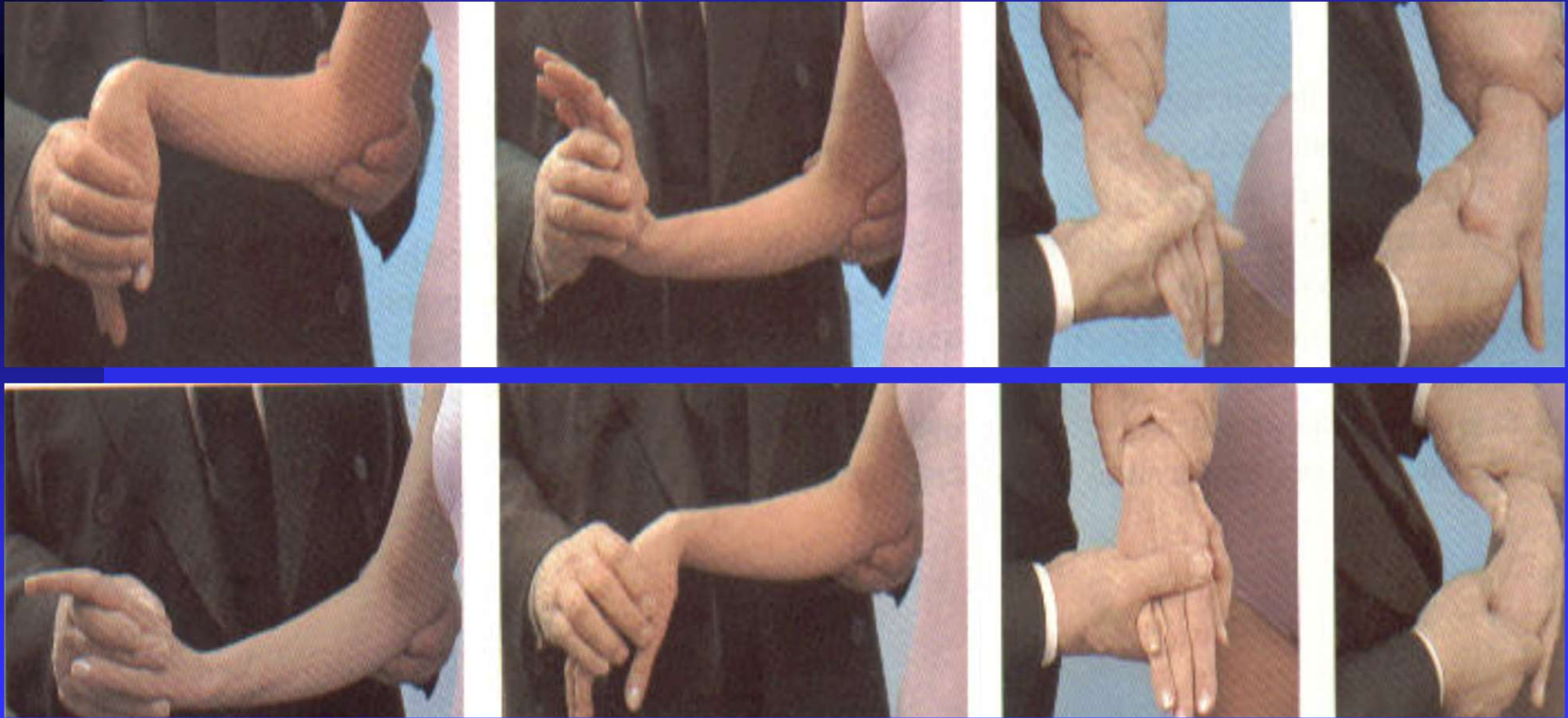
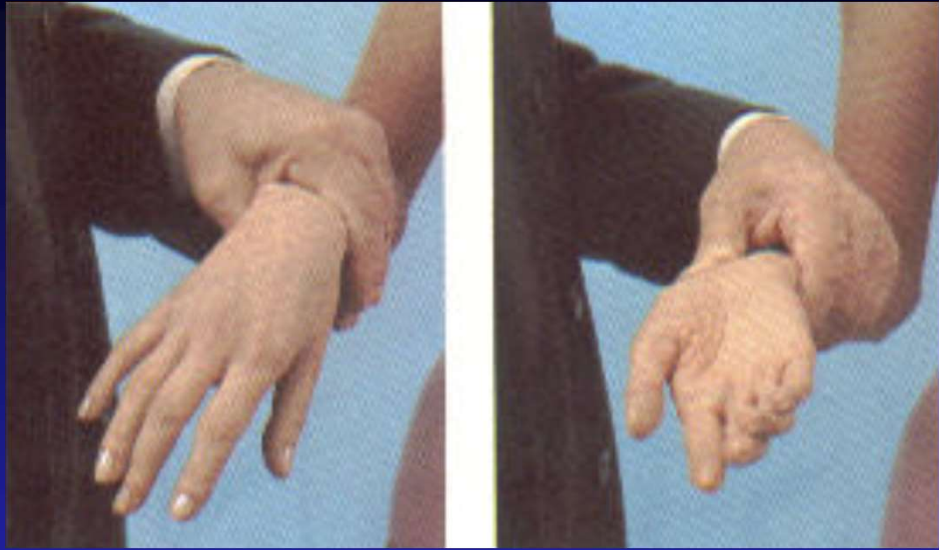
Equal limitation of flexion/ extension suggests joint pathology



WRIST & HAND EXAM

WRIST RESISTED MOVEMENTS- grade strength from 0 to 5
extension- extensor carpi radialis longus & brevis, extensor carpi ulnaris
flexion- flexor carpi radialis, flexor carpi ulnaris
radial deviation- extensor radialis longus & brevis, flexor carpi radialis
ulnar deviation- extensor carpi ulnaris, flexor carpi ulnaris

THUMB RESISTED MOVEMENTS- grade strength 0 to 5
extension- extensor pollicis longus and brevis
flexion- flexor pollicis longus and brevis
abduction- abductor pollicis longus & brevis
adduction- adductor pollicis



WRIST & HAND EXAM

SPECIAL TEST-

trigger finger- palpation

DeQuervains- Finklestein test

carpal tunnel- Phalens, Tinels, compression test

NEURO/ VASCULAR

AUXILLIARY TEST- xrays, labs, emg

