



ACP Academy

Shoulder Examination – Step-by-Step OSCE Guide ACP Academy Format (Refreshed Edition)

GETTING STARTED

1. Perform hand hygiene and don PPE if required.
2. Introduce yourself: “Hi, I’m Jamie, one of the advanced clinical practitioners.”
3. Confirm the patient’s full name and date of birth.
4. Briefly explain: “I’d like to examine your shoulder today – this will involve looking at, feeling, and moving the joint.”
5. Gain verbal consent and offer a chaperone if appropriate.
6. Expose both shoulders and arms adequately.
7. Position the patient standing for initial inspection.
8. Ask if the patient currently has any shoulder pain or restriction.

GENERAL INSPECTION

9. Look for asymmetry, muscle wasting, scars, bruising or deformities from the front, side and behind.
10. Ask the patient to press against a wall and assess for scapular winging.

PALPATION

11. Check and compare shoulder joint temperature.
12. Palpate bony landmarks: sternoclavicular joint, clavicle, acromioclavicular joint, acromion, spine of scapula, and head of humerus.
13. Assess for tenderness or crepitus.

MOVEMENT (ACTIVE AND THEN PASSIVE IF LIMITED)

14. Flexion – lift arm forward above the head.
15. Extension – move arm backwards.
16. ABduction – lift arm sideways above the head.

17. ADduction – bring arm across the body.
18. External rotation – elbows at side, rotate forearms outward.
19. Internal rotation – place hand behind the back.
20. Observe scapular movement throughout.

Repeat all movements passively if pain or reduced range noted.

SPECIAL TESTS

21. Jobe's (Empty Can) Test – arm abducted to 90°, thumbs pointing down. Apply downward pressure – tests supraspinatus integrity.
22. Painful Arc Test – ask the patient to slowly abduct the arm. Pain between 60–120° suggests subacromial impingement.
23. External Rotation Against Resistance – tests infraspinatus and teres minor.
24. Internal Rotation Against Resistance – tests subscapularis.
25. Scarf Test – bring arm across chest like a scarf. Pain = acromioclavicular joint pathology.

TO COMPLETE THE EXAM

26. Thank the patient and offer help with redressing.
27. Dispose of PPE and wash your hands.
28. Summarise your findings clearly.
29. Suggest further assessments:
 - Neurovascular exam of the upper limb
 - Examination of cervical spine and elbow
 - Shoulder X-ray, MRI or ultrasound depending on findings

The shoulder is a complex joint, so keep your approach systematic and always correlate with history. Painful arcs, weakness and asymmetry often point you in the right direction.