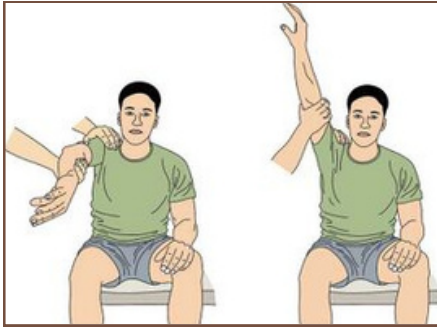


SPECIAL TESTS COLLECTION

There are a lot of other special tests but these are the mostly repeated in the past papers

SHOULDER

1. IMPINGEMENT TESTS



Neer's test

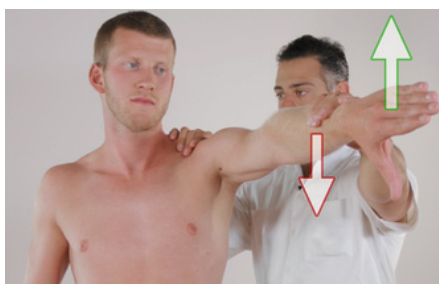
Used to assess the presence of **rotator cuff impingement**. Pain upon eliciting this maneuver indicates impingement, particularly of the supraspinatus muscle and tendon.



Hawkins Kennedy test

A test for **subacromial impingement syndrome**. Pain during internal rotation is a nonspecific indication of impingement syndrome.

2. ROTATOR CUFF TESTS



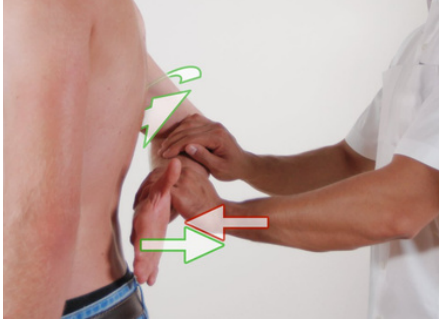
Empty can test

The patient outstretches and internally rotates their arm so that the thumb faces downward. Pain indicates **supraspinatus muscle** disorder.



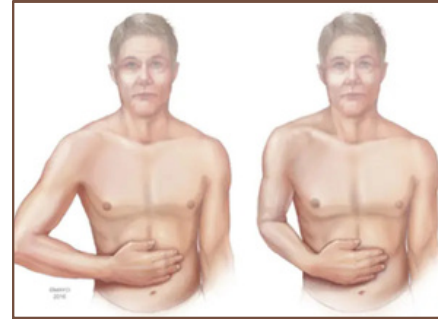
Hornblower test

For **infraspinatus & teres minor** insufficiency.



Lift-off test

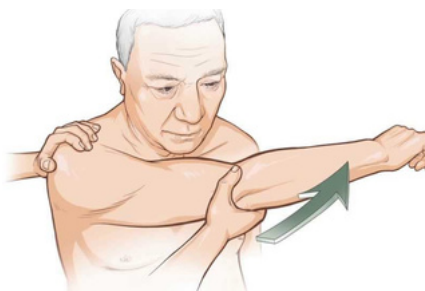
The patient places her or his hand on the lower back with the palm facing outwards and lifts the arm posteriorly off the back against resistance. Pain indicates a functional disorder of the **subscapularis tendon**.



Belly press test

Used to assess the function of the **subscapularis tendon**.

3. ACROMIOCLAVICULAR (AC) JOINT



Cross-arm flexion test (Scarf)

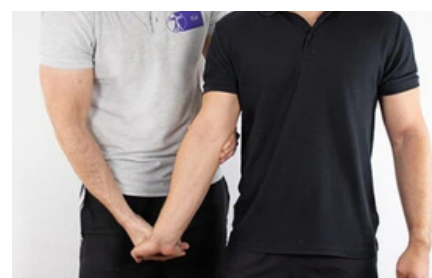
A physical examination maneuver in which the patient elevates their arm to 90° and actively adducts it across their body. Pain elicited by this maneuver suggests **acromioclavicular joint** pathology.

ELBOW



Tennis elbow test

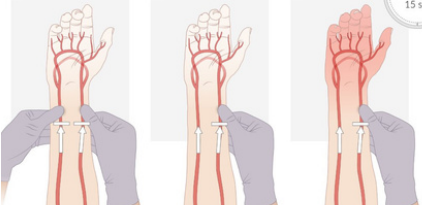
A test for the diagnosis of **lateral epicondylitis**. The examiner holds the patient's hand with the thumb placed over the lateral epicondyle. The patient makes a fist, pronates the forearm, deviates radially, and extends the fist against the examiner's resistance. Pain over the lateral epicondyle indicates a positive test.



Golfers elbow test

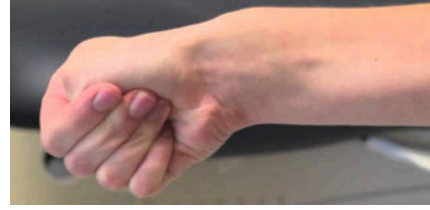
Provocation testing for **medial epicondylitis**. Pain is elicited when the patient flexes the wrist against resistance, with the elbow held in extension.

WRIST



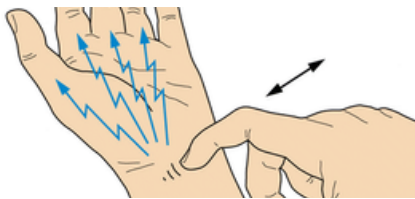
Allen test

Abnormal (Negative Allen Test) → Delayed (>10 sec) or no return of color, suggesting arterial insufficiency (e.g., occluded ulnar or radial artery).



Finkelstein test

Test is positive if pain or discomfort indicating De Quervain tenosynovitis.



Tinel test

A tingling sensation produced on percussion of a damaged or irritated nerve indicating carpal tunnel syndrome



Phalen test

A tingling sensation indicates carpal tunnel syndrome



Direct compression test

A tingling sensation indicates carpal tunnel syndrome

HAND AND FINGERS



Flexor digitorum superficialis (FDS)

Impaired finger flexion at PIP indicate median nerve injury.



Froment's test

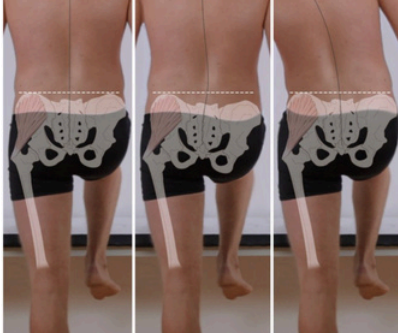
Used for palsy of the ulnar nerve, specifically, the action of adductor pollicis.



OK sign test

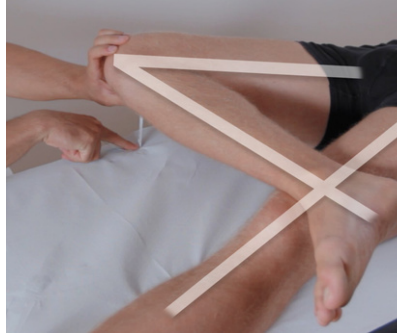
To evaluate for potential injury of the anterior interosseous nerve

HIP JOINT



Trendelenburg test

Pelvic drop on the side of the lifted leg indicates **gluteus medius and/or minimus muscle** pathology on the opposite leg.



FABER test (Patrick test)

The emergence of pain in the **hip or sacroiliac joints** indicates pathology in the corresponding structure.



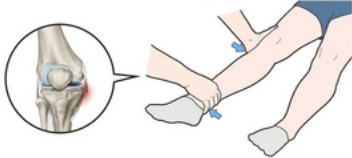
Thomas test

If **flexion contracture** is present, the ipsilateral leg bends independently as a reflex response.

KNEE JOINT



Valgus stress test

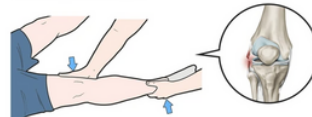


Valgus stress test

Widening of the medial joint space when the knee is slightly flexed indicates **MCL** injury.

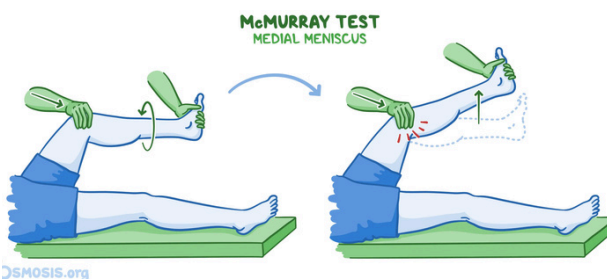


Varus stress test



Varus stress test

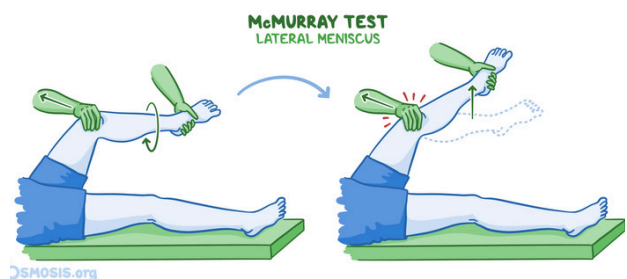
Widening of the lateral joint space when the knee is slightly flexed indicates **LCL** injury.



SMOSIS.org

McMurray test (valgus)

Palpable or audible pop/click with maneuvers indicate **medial meniscus** injury.



SMOSIS.org

McMurray test (varus)

Palpable or audible pop/click with maneuvers indicate **lateral meniscus** injury.



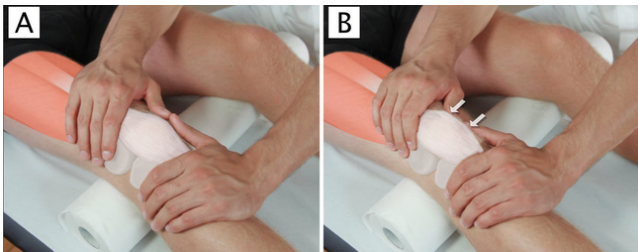
Anterior drawer test

Interpretation: absence of anterior tibial movement implies that the **ACL** is intact.



Lachman test

Interpretation: absence of anterior tibial movement implies that the **ACL** is intact.



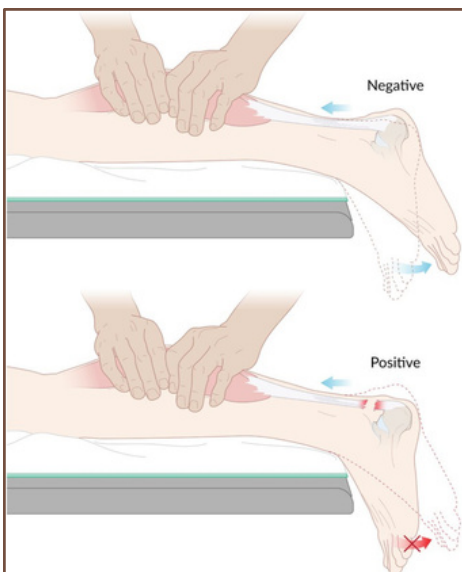
Patellar apprehension test

Positive test: the maneuver produces discomfort or apprehension (either expressed by the patient or evidenced by contraction of the quadriceps)



Posterior sag (Godfrey) sign

Indicates **PCL** injury



Thompson test for Achilles tendon rupture

With the patient prone and feet off the end of the bed, squeeze the calf and observe the ankle.

- Normal: passive plantar flexion
- Rupture: absent passive plantar flexion

SPINE



Adam forward bend test

Asymmetry of the spine indicates **scoliosis**.



Straight leg raise test

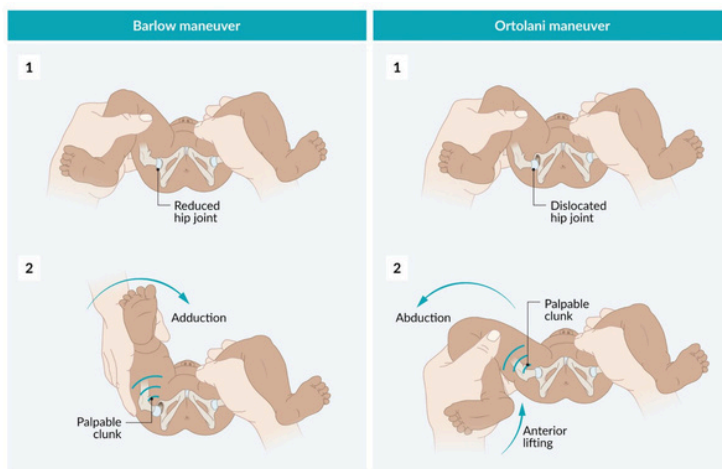
An assessment for nerve root impingement in the **lumbosacral (usually L5, S1)** region that is often caused by **disc herniation**. The test is considered positive if the patient experiences pain radiating down the same leg, below the knee at angle $< 60^\circ$.



Femoral stretch test

This test is usually strongly positive in patients with protrusions at **L2-L3 and L3-L4**, slightly positive or negative in L4-L5 disc protrusions and negative in cases with a lumbosacral protrusion. Positive if the patient have Back pain with shooting thigh pain not frank thigh pain.

DDH



Ortolani & Barlow tests

- Barlow sign: a palpable clunk caused by hip dislocation when the hip is flexed and adducted with application of downward pressure.
- Ortolani sign: a palpable clunk caused by hip reduction when the hip is flexed and abducted while applying upward pressure.

Best of luck :)

Shahed Atiyat