

|  |
| --- |
| **OSCE: Shoulder Exam** |
| **Time: Single Station, 3m reading, 7m station** |
| **Author:Rebecca Day** |
| Medical Expertise |
| Communication |

# Clinical Scenario Stem

A 42 year old man (Mr Jones) presents to your minors department having been referred by his GP. He has had aches from his right shoulder for a number of weeks, but the pain become acutely worse yesterday after swimming.

# Instructions

## Candidate

Please EXAMINE this man’s right shoulder.

**You will be asked the following questions at the 6 minute mark**

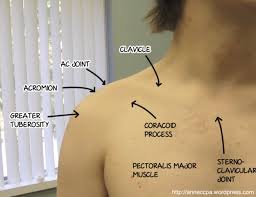
What is your diagnosis?

What is your management plan?

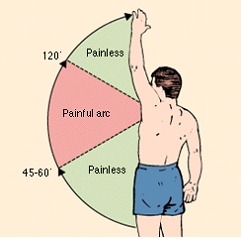
## Patient - Actor

You have supraspinatus tendonitis/?tear.

Pain on palpation of greater tuberosity



You have a painful arc



and positive supraspinatus test/Jobs Test (see pic



## Examiner

You are to watch the examination without interruption. At the 6 min mark you should ask the candidate to explain their diagnosis, investigation and management

# Assessment Criteria

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DOMAIN | Performs poorly, nowhere near the level of a new FACEM | Performs  significantly below the level of a new FACEM | Performs below the level of a new FACEM | Borderline at the level of a new FACEM | Performs at the level of  a new FACEM | Performs very well, above the level expected of a new FACEM | Performs exceptionally and far exceeds the level of a new FACEM |
| Communication |  |  |  |  |  |  |  |
| Medical Expertise |  |  |  |  |  |  |  |
| Professionalism |  |  |  |  |  |  |  |
| Prioritisation |  |  |  |  |  |  |  |

# Detailed Assessment Criteria

## Communication

* Introduces

## Medical Expertise

|  |  |
| --- | --- |
| **OBSERVATION** | **POSITIVES** |
| Introduces self to patient and confirms patients details |  |
| Confirms side of injury |  |
| Asks if patient is in pain |  |
| Briefly describes what they intend to do during examination – look/feel/move |  |
| Has both shoulders exposed for examination. |  |
| Patient seated |  |
| Inspects for swelling / erythema/scars/muscle wasting inspecting side, front and back |  |
| Palpates : SC joint / clavicle / AC joint / subacromial space / bicipital groove / lesser tuberosity / greater tuberosity / scapula for tenderness / crepitus / swellings and their nature | Painful over greater tuberosity |
| Assess movements active and passive: flexion / extension / abduction noting scapulothoracic component / adduction / rotation with elbow flexed to 90 degrees | Pain on initiation of abduction |
| Assess rotation IR in extension (placing arm to level T7 normal) and ER in abduction (placing hand on back of head and down to opposite scapula) |  |
| Tests muscle strength (MRC grading):  Flexion  Extension  Abduction – deltoid and supraspinatus  Adduction  ER with elbow flexed – infraspinatus and teres minor  IR with elbow flexed - subscapularis |  |
| Supraspinatus test = Jobs test. Flex shoulder to 90 degrees adduct to 20 degrees and thumb down. | +ve supraspinatus test/Jobs |
| Subscapularis test = lift up test. Place hand into small of back IR in shoulder extension. Resist movement and lift hand off. |  |
| Evaluates painful arc / drop arm test for rotator cuff tear | Painful arc |
| Speeds test – full arm supination, shoulder flexion and resist. Pain = labral / biceps tendon pathology. |  |
| Crank test for labral tear – abduct and IR shoulder, axial pressure and move through ER/IR. Pain = labral tear |  |
| Apprehension test. Abduct and ER shoulder. Patients face gives clue to possible anterior instability. |  |
| Diagnosis = SUPRASPINATUS LESION |  |
| Analgaesia / XRAY for calcification / USS ?tear/ poss steroid injection / analgesia/physio and follow up |  |