

Examination – Notes for Actor

Patient demographics:

You are Jeremy, a 50-year-old male presenting to the GP with Shoulder Pain

During the examination:

- You will keep your Left Shoulder as still as possible. Show reduced Flexion and External Rotation when the student asks you to move your left shoulder.

Examination – Notes for Candidate

Role: Foundation Year 1 doctor in a GP Surgery

This is Jeremy, a 50-year-old male who has presented with Shoulder Pain

Please perform a SHOULDER examination. The examiner will tell you relevant signs as you go along.

You have 8 minutes to examine the patient, followed by a further 2 minutes where the examiner will ask you questions.

An invigilator will let you know when 8 minutes has elapsed.

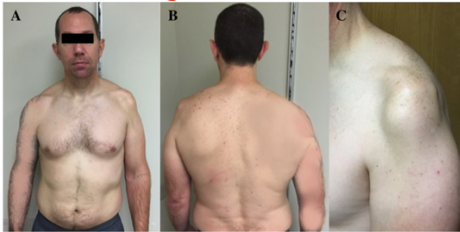
Examination – Examiner Marksheet

You will have to tell the student certain signs when they get to that stage (anything in quotation marks).

- Good professionalism throughout
- Confident and well-practised examination with all steps and correct technique
- Use an appropriate examination checklist like the University of Leicester checklist or Geeky Medics to mark examination steps.
- Succinct presentation of the examination, including all positives and only relevant negatives + correct further assessments

Inspection

- General: Loss of Left Arm Swing whilst walking
- Anterior, Lateral, Posterior: **“Left Deltoid Atrophy”** (Show images below- taken from Researchgate.net on 21/08/2022)



Palpation: **“Generalised tenderness of Left shoulder “**

Movements

- **“Reduced External Rotation (Hand behind head) of Left Shoulder**
- **Reduced Flexion of Left Shoulder**
- **Left shoulder joint feels stiff on all passive movements”**

Special tests: No Painful Arc. Normal Jobe’s + Gerber’s + Posterior Cuff tests

Completing: NV Exam, Cervical Spine + Elbow exams, Look at any imaging available

Follow-up Questions

Q1: What is your diagnosis?

Left Frozen Shoulder

Q2: What investigations would you like to order?

- HbA1c, Capillary Glucose
- X-ray: Exclude Fractures/ Acromioclavicular pathology
- MRI: Rule out Impingement, shows Glenohumeral Joint capsule thickening

Q3: What is your Management of this patient?

Advise to keep active, Physiotherapy, Paracetamol/ Ibuprofen. Consider Steroid Injections

Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/comments:

