

Quick Reference for Appendix C

**Head and Neck Tests:**

anterior neck flexors strength, AR .....	1069	rhomboids strength .....	1080
anterolateral neck flexors strength, AR .....	1070	shoulder adductors length .....	1079
posterolateral neck flexors strength, AR .....	1070	shoulder apprehension, AF .....	1075
atlanto-axial articulation, PR ROM .....	1067	shoulder apprehension, PR .....	1076
atlanto-occipital articulation, PR ROM .....	1067	Speed's .....	1078
cervical compression .....	1068	subscapularis strength, AR .....	1078
cervical distraction .....	1068	supraspinatus strength, AR .....	1077
first rib mobility .....	1069	Travell's variation on Adson's .....	1072
orbicularis oris strength, AR .....	1071	upper limb tension .....	1073
scalene cramp .....	1066	Wright's hyperabduction .....	1072
scalene relief .....	1067	Yergason's .....	1078
sinus transillumination .....	1071		
<b>Spurling's</b> .....	1068		
swallowing .....	1066		
temporomandibular joint, AF ROM .....	1065		
three-knuckle .....	1066		
vertebral artery .....	1064		

**Arm, Wrist and Hand Tests:**

abductor pollicis brevis strength, AR .....	1085
Cyriax's variation on Phalen's .....	1081
degree of Dupuytren's contracture .....	1080
extensor tendinosis .....	1084

**Shoulder Tests:**

acromioclavicular shea
adhesive capsulitis abd
Adson's .....
Apley's scratch .....
costoclavicular syndrom
drop arm .....
Eden's .....
Hawkins-Kennedy imp
infraspinatus strength, /
middle trapezius streng
Neer impingement .....
painful arc .....
pectoralis major length
pectoralis minor length

Appendix C: SPECIAL ORTHOPEDIC TESTING

- Stand at the head of the table and grasp the client's head in both hands at the temporal region, while flexing the cervical spine to end range. This locks the lower cervical spine in flexion, eliminating any rotation from these vertebrae.
- While flexion is maintained, rotate the head fully to both sides.
  - ◆ A **positive** result, indicating a rotational restriction, is palpated as a leathery end feel in either left or right rotation (*Greenman, 1989*).

**Spurling's Test**

To assess for compression of a cervical nerve root or for facet joint irritation in the lower cervical spine:

- Place the client in a seated position.
- Stand behind the client.
- Instruct the client to slowly extend, sidebend and rotate the head to the affected side.
- Carefully apply compression downward on the client's head. The combined action of the client's head position and the downward pressure compresses the intervertebral foramen, the nerve root and the facet joints on that side.
  - ◆ A **positive** test is indicated by radiating pain or other neurological signs in the arm on the affected side. The distribution of the pain indicates which nerve root is involved. Pain remaining local to the neck or shoulder indicates cervical facet joint irritation on the side being tested (*Gerard, Kleinfeld, 1993*).
- **Do not** perform this test if the vertebral artery test is positive.

**Cervical Compression Test**

A variation, the **cervical compression test**, is used when the client cannot rotate or extend the head:

- Position the client as above.
- Stand behind the client.
- With the client's head in a neutral position, carefully apply compression downward on the client's head.
  - ◆ A **positive** test is indicated by radiating pain or other neurological signs in the affected arm. Pain remaining local to the neck or shoulder indicates cervical facet joint irritation on the side experiencing pain (*Hoppenfeld, 1976*).

**Cervical Distraction Test**

To relieve pressure on the cervical nerve roots (particularly following Spurling's or cervical compression test):

- Place the client in a seated or supine position.
- Grasp the client's head at the occiput and temporal areas.
- Return the head to the anatomically neutral position.
- Apply a slow traction in a superior direction, maintaining traction for at least 30