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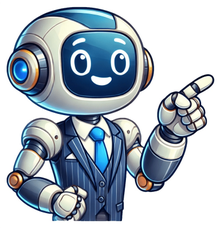

Neer impingement test

The effectiveness and accuracy of various physical examination tests in evaluating shoulder pain have been studied extensively. A systematic review and meta-analysis published in the British Journal of Sports Medicine found that certain tests provide clinicians with the most value when examining the shoulder. Neer's test, a simple exam, assesses whether shoulder pain and limited range of motion may be caused by impingement (pinching of tissue). It involves an internal rotation maneuver and can be performed by healthcare providers or physical therapists as part of a comprehensive shoulder examination. Other tests used to determine the cause of shoulder pain include the Hawkins-Kennedy test, which assesses pain in the shoulder upon internal rotation, and the Jobe test, also known as the empty can test. The Hawkins-Kennedy test involves elevating the arm to 90 degrees flexion and bending the elbow to 90 degrees flexion before internally rotating the shoulder. While Neer's test is not foolproof, it has been shown to have a moderate level of accuracy in diagnosing certain conditions, including subacromial impingement syndrome (SAIS). A modified version of Neer's test has been proposed, which may improve its accuracy. Neer's test, along with Hawkins-Kennedy and Jobe tests, is useful in ruling out subacromial impingement syndrome (SAIS), but it's not definitive for diagnosis. A negative Neer's test result reduces the probability of SAIS from 45% to 14%, but a positive test doesn't necessarily mean you have SAIS. If the test indicates shoulder impingement, consult your healthcare provider who may refer you to a physical therapist to determine the cause. The test only reveals if impingement is present, not which structure is affected (e.g., bursa, rotator cuff, or biceps tendon). A trained medical professional is needed to form a complete picture of your shoulder condition. Possible outcomes include loss of range of motion (ROM) causing impingement. Your physical therapist may prescribe ROM exercises and use a shoulder pulley system to restore pain-free ROM. Weakness in the rotator cuff muscles can cause impingement, requiring specific exercises and scapular strengthening to improve stability. Therapeutic modalities can help manage impingement, but they should not be the only treatment. If pain continues, cortisone injections or even shoulder surgery (sub-acromial decompression) may be necessary. Neer's test is a helpful diagnostic tool for SAIS, specifically rotator cuff impingement. While you can perform the test on your own, only a trained healthcare provider can fully understand its meaning and implications for your shoulder. It's always best to consult with your healthcare provider before performing exercises or maneuvers. Neer Test for Rotator Cuff Impingement Syndrome: A Diagnostic Tool The Neer test is a clinical assessment used to identify symptoms of rotator cuff impingement, specifically supraspinatus or biceps brachial impingement. The test involves positioning the patient in a seated or standing position with their arm relaxed at the side. The examiner stabilizes the scapula with a downward force while passively flexing the patient's internally rotated humerus into full elevation. Pain is considered positive, suggesting pathology of the supraspinatus and/or long head of the biceps brachial tendon. The Neer test is often performed in conjunction with other tests, such as Hawkin’s Kennedy test and Jobe’s test, when impingement is suspected. The test's sensitivity and specificity are reported as 0.78 and 0.58, respectively, with a positive likelihood ratio of 1.9 and negative likelihood ratio of 0.38. The Neer test was first described by Dr. Charles S. Neer in 1972 and has since become a widely used diagnostic tool for rotator cuff impingement syndrome. The test involves the examiner applying a downward force to the scapula while elevating the patient's arm, thereby bringing the pathologic structures into contact with each other. The Neer Test evaluates subacromial impingement by positioning the humerus in maximal elevation with the scapula stabilized. Reproduction of symptoms indicates potential cuff impingement against the acromion's inferior margin. However, a positive test may also suggest other conditions such as acromioclavicular joint dysfunction or coracoacromial ligament irritation. Studies have shown variable sensitivity and specificity for the Neer Test in diagnosing subacromial bursitis or rotator cuff pathologies. A study by MacDonald1 found high sensitivity but low specificity, while Fodor et al. and Kelly et al. reported divergent specificity values using ultrasonic evaluation. Stabilizing the scapula is crucial to maximize the test's utility and minimize false positives from conditions such as pain under the acromion or humerus rotation. The Neer Test is considered nonspecific due to potential positive results from various underlying causes. The Neer test is often modified to assess for rotator cuff impingement or tear by injecting local anesthetic into the subacromial space. This injection usually resolves the pain in patients with impingement. Guosheng et al. suggested performing the Modified Neer Test, which involves two positions: The first part of the test is done similarly to the Neer test, where the patient sits and the examiner stabilizes the clavicle and scapula while abducting the arm. In the second part, the examiner laterally rotates the abducted arm, and a disappearance of pain indicates a positive sign for impingement. If the pain persists or the patient is unable to abduct the arm, the test is negative. The concept of impingement syndrome has evolved over time and encompasses four types: Primary, Secondary, Subcoracoid, and Internal impingement. Primary impingement can be further divided into intrinsic and extrinsic types. Intrinsic impingement occurs when structures beneath the coracoacromial arch become enlarged, while extrinsic impingement occurs when the available space for the rotator cuff is diminished due to factors such as subacromial spurring or acromial fracture. Impingement syndrome was first described by Neer in 1972 and characterized by a ridge of proliferative spurs on the undersurface of the anterior process of the acromion. Studies have investigated the diagnostic accuracy of various clinical tests, including the Hawkins and Neer subacromial impingement signs, with some suggesting that the Modified Neer Test may provide better results. When assessing shoulder pain, which tests hold the most value? A systematic review with meta-analysis of individual tests was updated, and the results were published in Br J Sports Med in 2012 (Hegedus EJ, et al., 2012). The study examined various physical examination tests for the shoulder. Another study published in Br J Sports Med in 2008 (Hegedus EJ, et al.) discussed the diagnostic accuracy of individual clinical tests for subacromial impingement syndrome. A palpation test versus an impingement test was compared in a study on Neer stage I and II subacromial impingement syndrome (Toprak U, et al., 2013). Diagnostic accuracy for different degrees of subacromial impingement syndrome was evaluated using clinical tests (Park HB, et al., 2005). Correlations between clinical tests and ultrasonographic findings were examined in a study on shoulder impingement syndrome (Fodor D, et al., 2009). The value of physical tests for subacromial impingement syndrome was studied by Kelly SM, Brittle N, and Allen GM (2010). Several books provide information on clinical tests for the musculoskeletal system. Neer's test is a key diagnostic tool for identifying shoulder impingement syndrome, which causes shoulder pain due to impingement between the acromion and rotator cuff tendons. To perform Neer's test, patients are instructed to stand or sit comfortably while the clinician stabilizes their scapula with one hand. The other hand then passively elevates the patient's arm in the scapular plane (about 30-45 degrees forward from the frontal plane) until full elevation is achieved. A positive sign for impingement syndrome is pain during this manoeuvre, especially at or before 90 degrees of abduction (when the arm is approximately parallel to the floor). However, a positive Neer's test does not specify the exact cause; therefore, other tests and clinical assessments are required to determine the specific structures involved and the underlying pathology. Given article text here: A thorough evaluation of the patient's symptoms is crucial to accurately diagnose shoulder impingement and develop an effective treatment plan. Healthcare professionals rely on various clinical tools to aid in diagnosing this condition, including the 60-Degree Arc Test, also known as the Painful Arc Test. This test helps identify impingement syndrome in the shoulder by assessing labral tears or other pathologies within the joint. Other tests, such as the O'Brien's test and the Jobe test, evaluate for impingement syndrome specifically involving the supraspinatus tendon. Impingement syndrome occurs when the rotator cuff tendons become irritated and inflamed, leading to abnormal looseness or instability in the shoulder joint. The Load and Shift test evaluates shoulder stability by manually moving the humerus to detect abnormal movements. Understanding these tests and their significance is essential for healthcare professionals to provide effective management and treatment options for patients with shoulder impingement syndrome.