Upper Extremity Assessment Process FICS Malaysia Symposium 2025: Shoulder/Elbow Workshop



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GH INSTABILITY

Load/Shift test

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Positive:Translation beyond 50% posteriorly or 25% translation anteriorly









Test and Study Quality	Description and Positive	Findings		Popul	ation	Rollat	aty		impingement
Noer taut ^{er} .	Examiner stabilizes the scap while fully faxing the human overpressure. Positive with n superior stabilitier	As with a downward force is overhead while applying production of pair of the		Dispositic UNIty of the Near Text in Monthlying Subarransial Impirgement					
Neer test" +	Examine stabilizes the scap while fully flexing the humer overpressure. Positive with r superior shoulder	als with a downwa as overhead while aproduction of pair	nd force Applying all the	33 pot should	ents with tr pain	Test-ra latera	dest x - orniner i	1.0 (=1.0	
Test and				1.0		· · · ·			
Study Quality	Description and Positive Findings	Population	Reference		Sem	Spec	+LR	-1.8	
Noer test ^{er} • 2012 Metaanslysis	The examiner stabilizes the scapula and asks the potent to troward flox the arm antil to or othe reports pain ar until bal elevation is reached. Presidee if pain is produced	Pooled entirulies from five studies (r = 1127)	Impingent syndrote disgreased arthroecop	ent by x	,78 (,64, .87)	.18 (.47, .50)	1.9	.28	Aprel 20 Terror
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Internal Patter	INTER INTERACTOR ADDRESS	CHARTER THE PARTY							Attack Office and

Test and Study Quality	Description Findings	n and Positive	Population	Reference Standard	Sera	Spec	+U1	-1.8	Impingemer
Hankins- Keroedy Imt ^o + 2012 Metaanalysis	The examiner places the poden't arm in 101 degrees of however fination and them gently informally rotates the arm. The end point for interval rotation is wither when the rotation of the subputs in felt or observed by the examiner. The field is positive when the platient experiences pain during the managener		Paded edinutes fore six studies (it = 1029)	Ingingement syndrome diagnosed by arthroscopy	74 (57, 85)	57 (48, 37)	u	4	
Test and Sk Duality	ady	Description and Positive Findings		Population	Relatility				Figure 10
Rawkins Kernedy Inst ^{an} e		Examiner feats the transmit and effore to 90 degrees and then maximally intervally rotates the shoulder and applies overpressure.		55 patients with shoulder pain	Intermatciner $\kappa=.39$ L12, .401			12, 401	Reading Records and
Hankim-Kennedy test" +				40 subjects with shoulder pain	$\kappa=.38 (.10,.83)$				HAWKINS-KENNEL
Hawkins Recordy Test" +		Positive with reproduction of pain of the superior shoulder		33 patients with sheakling pain.	Test-release $\kappa=1.0$ intermediate $\kappa=.01$				

Treat the patient not the scan!

Natural history



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Anatomy Review – Scapula

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Scapulothoracic joint stability

- Latissimus dorsi
- Rhomboid major/minor
- Serratus anterior/posterior
- Levator scapulae
- Teres major
- Trapezius (all fibers)
- Triceps Long head
- TL fascia

Scapulothoracic movement planes

- Elevation: The upper trapezius and levator scapulae raise the scapula
- Depression: The lower trapezius brings down the scapula
- Upward rotation: The upper and middle trapezius rotate the scapula during upper extremity abduction
- Downward rotation: The rhomboids rotate the scapula when reaching behind the back and downward
- Retraction (adduction): The rhomboids and middle trapezius separate the scapula from the thoracic wall, active when performing rowing motions
- Protraction (abduction): The serratus anterior brings the scapula against the thoracic wall, active when reaching forward

Mohammed A, Andrew M, Judith B. StatPearls [Internet]. StatPearls Publishing; Treasure Island (FL): 2025 Jan. Anatomy, Thorax, Scapula



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Are we in a Rut?

Do we make the patient fit what we do? Do we change what we do to fit the patient?



Functional Adjusting

- Find the most restricted directional movement of a joint or muscle/soft tissue and the position or function that produces the most restriction in that joint or muscle/soft tissue.
- Adjust the joint or muscle/soft tissue in that position









Movement Assessment





Case Study: 1

Male Competitive Wood Chopper Athlete 27 years old



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Complaint: Left Shoulder blade pain

Main complaint:

- Pain VAS 5 constant, both at rest and in an active state
- VAS 8-9 When the athlete tries to play, worse when chopping and sleep
- The athlete has seen a chiropractor, but minimal relief.
- Diagnosis by chiropractor costotransverse joint dysfunction (Rib)



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Case Study: 2

Female Table Tennis Athlete - 21 years old

Not being able to compete for 2 years due to a shoulder complaint

Main complaint:

- Pain VAS 3 constant, both at rest and in an active state
- VAS 8-9 When the athlete tries to play, forehand is worse than backhand
- The athlete has seen a physio, chiropractor (Spine specialist), naprapath, Osteopath and orthopaedic surgeon, but nothing has helped.
- Diagnosis by orthopaedic surgeon Subacromial bursitis

We Move Around Pain Nociception Affects Motor Output A Review on Sensory-motor Interaction With Focus on Clinical Implications **Conclusion:** Ju Nija, PT, MPT, PhD*12 Licobeth Davane, PT, MSu*15 MD PhD4F, File Streeg PT, MSu*1 Nashake Research PT, MPT, PhD13 and Reb A.B. Oceanology, PT, MPT, PhD* • Chronic nociception affects motor output, rendering proper central movement impossible. The new approach is to shift away from attempting to restore normal motor control in patients with musculoskeletal disorders impacted by chronic nociception. **Chronic Pain = Neurodegenerative** WE HELP ATHLETES ACHIEVE THEIR OPTIMAL PERPORMANCE NATURALLY https://fics.sport 25





Believe in the process, keep searching...

Slowly but surely, the athlete improved, but we did not reach full resolution until her scapula was fully functional. The missing link was the scapular insertion of the triceps long head. Once that whole muscle returned to full function, her scapula functional rhythm returned.





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