# Dynamic Examination of the Shoulder

<table>
<thead>
<tr>
<th>Name/ID</th>
<th>M / F</th>
<th>Events</th>
</tr>
</thead>
</table>

**Complaint R/L/B**

<table>
<thead>
<tr>
<th>Biceps Transverse</th>
<th>Biceps Longitudinal</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Synovitis (target sign), [ ] Tendon calcification, [ ] Tendinosis, [ ] Cortical irregularities, [ ] Neo-vascularity, [ ] Joint debris, [ ] Biceps tendon subluxation or dislocation (over or under subscapularis tendon insertion)</td>
<td>[ ] Synovitis (tear drop), [ ] Tendon calcification, [ ] Tendinosis, [ ] Cortical irregularities, [ ] Neo-vascularity, [ ] Joint debris, [ ] Joint debris in motion, [ ] Anterior circumflex artery</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Subscapularis Trans</th>
<th>Subscapularis Long</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Subdeltoid bursitis, [ ] Partial and full thickness tears, [ ] Tendon calcifications, [ ] Cortical irregularities, [ ] Subcoracoid bicep tendon impingement, [ ] Underlying synovitis, [ ] Joint debris</td>
<td>[ ] Subdeltoid bursitis, [ ] Partial and full thickness tears, [ ] Tendon calcifications, [ ] Cortical irregularities, [ ] Joint debris in motion, [ ] Anterior circumflex artery</td>
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<tr>
<th>Coracoacromial Ligament Long</th>
<th>A-C Joint Trans</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Ligament and joint capsule thickening and fibrosis, [ ] Cortical irregularities, [ ] Ligament mounding due to subscapularis displacement</td>
<td>[ ] Synovitis (sea gull), [ ] Cortical irregularities, [ ] Joint step-off, [ ] Joint separation (texas sign), [ ] Joint imbrication</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Subacromial Space Neutral Trans</th>
<th>Subacromial Space Abduction Trans</th>
<th>Subacromial Space Abduction Slight Forward Flexion Trans</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Reduced subacromial gap (neutral normal is 10mm) compare with asymptomatic side</td>
<td>[ ] Reduced subacromial gap with abduction (normal&gt;10mm) (&lt;3mm is significant)</td>
<td>[ ] Reduced subacromial gap with abduction (should remain 10mm) (&lt;3mm is significant)</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Supraspinatus/Infraspinatus Tendon Long</th>
<th>Supraspinatus/Infraspinatus Tendon Trans</th>
<th>Rotator Cuff Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Tendon calcifications, [ ] Subdeltoid bursitis, partial/full thickness, [ ] Cortical irregularities, [ ] Cartilage exposure (&quot;crescent&quot; sign)</td>
<td>[ ] ?????????</td>
<td>[ ] Determine the location of the supraspinatus/infraspinatus tendon defects in relationship to the biceps tendon</td>
</tr>
</tbody>
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<tr>
<th>Posterior Gleno-Humeral Joint Trans</th>
<th>Posterior Infraspinoglenoid Notch Trans</th>
</tr>
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<tbody>
<tr>
<td>[ ] Synovitis, [ ] Joint debris, [ ] Labrum irregularities and tears, [ ] Infraspinatus ganglions, [ ] Labrum displacements, [ ] Anterior (occasionally posterior) gleno-humeral subluxation</td>
<td>[ ] Suprascapular nerve and artery, [ ] Infraspinatus ganglion, [ ] Entrapment of the suprascapular nerve</td>
</tr>
</tbody>
</table>

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Dr Thomas Clark
### Dynamic Examination of the Knee

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### Suprapatellar Long
- [ ] Quadriceps tendon tears, [ ] Suprapatellar bursitis
- [ ] Joint debris, [ ] Loose bodies, [ ] Patellar spurring
- [ ] Suprapatellar bursal compression

### Suprapatellar Trans
- [ ] Medial superior patellar retinaculum avulsions
- [ ] Quadriceps tendon tears, [ ] Patellar spurring
- [ ] Suprapatellar bursitis, [ ] Joint debris
- [ ] Loose bodies, [ ] Suprapatellar bursal compression and medial or lateral bursal tracking

### Suprapatellar Flexed Trans
- [ ] Cartilage and cortical irregularities

### Infrapatellar Long
- [ ] Patellar tendon defects (Runner’s or Jumper’s knee)
- [ ] Osgood Schlatter’s disease, [ ] Pre-patellar bursitis
- [ ] Superficial and deep infrapatellar bursitis
- [ ] Joint effusion, [ ] Joint laxity (anterior drawer sign)
- [ ] Plicial fibrosis, [ ] Intra-articular ganglion
- [ ] Ganglion and plical impingement

### Infrapatellar Trans
- [ ] Cartilage and cortical irregularities

### Medial Collateral Long
- [ ] MCL tears, [ ] Medial meniscal mounding or tears
- [ ] Joint debris, [ ] Cortical irregularities
- [ ] Joint laxity (valgus/varus stress tests)

### Medial Collateral Trans
- [ ] Medial meniscal tears, [ ] Joint debris
- [ ] Medial meniscal root fibrosis

### Pes Anserine Long
- [ ] Saphoneus neurovascular bundles, [ ] Pes anserine bursitis

### Lateral Collateral Long
- [ ] LCL tears, [ ] Popliteus tendon effusion, [ ] Joint debris
- [ ] Posterior lateral geniculate artery, [ ] Proximal tibiofibular
- [ ] Lateral meniscal mounding or tears, [ ] Cortical irregularities
- [ ] Joint cysts, [ ] Recurrent peroneal nerve entrapment
- [ ] Joint laxity (valgus/varus stress test)

### Lateral Collateral Trans
- [ ] Lateral meniscal tears, [ ] Lateral meniscal root fibrosis

### Iliotibial Band Long
- [ ] Cortical irregularities of femur and Gerde’s tubercle
- [ ] Iliotibial band bursitis

### Posterior Medial Long
- [ ] Baker’s cysts, [ ] Posterior medial meniscal defects
- [ ] Posterior medial gastrocnemius bursitis

### Posterior Medial Trans
- [ ] Baker’s cysts, [ ] Posterior medial gastrocnemius
- [ ] Bursitis

### Posterior Lateral Long
- [ ] Posterior lateral meniscal defects, [ ] Biceps femoris
- [ ] Tendon defects and ganglion

### Posterior Lateral Trans
- [ ] Biceps femoris tendon defects and ganglion, [ ] Peroneal nerve entrapments

### Posterior Cruciate Long
- [ ] PCL Hematoma, [ ] Cortical irregularities

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Dr. Thomas Clark