Diagnostic Test / Sign	Description
Hawkins Test	● Forward flexing the humerus to 90 degrees and internally rotating the shoulder causes sharp pain ● Testing for subacromial impingement, bursitis, or rotator cuff pathology
Neer Sign	● Forward flex and elevate the shoulder/arm 180 degrees, while in internal rotation causes sharp pain ● Testing for subacromial bursitis or rotator cuff pathology
Empty Can Sign "Jobe Sign"	● First assess deltoid strength with arm at 90 degrees of abduction and at neutral rotation. Apply a downward pressure while asking the patient to resist. Then internally rotate the shoulder, angle forward 20-30 degrees (along the scapular plane) and point the thumb down while again testing muscle strength with a downward force. ● Pain during the second maneuver can indicate supraspinatus pathology.
External Rotation Lag Sign	● Elbow flexed to 90 degrees, and shoulder is held in 20 degrees of elevation along the scapular plane and in near maximum external rotation. If patient cannot hold this position, it indicates a positive test. ● Testing integrity of supraspinatus and infraspinatus
Internal Rotation Lag Sign	● Shoulder is brought to maximum internal rotation behind back and the examiner gently brings the shoulder into 20 degrees of extension. The patient is instructed to maintain this position. If patient cannot hold this position, it indicates a positive test. ● Testing integrity of subscapularis
Drop Test	● Abduct shoulder to 90 degrees and ask patient to slowly lower the arm to the side in a controlled movement. Watch for severe pain or inability to perform this ● Testing for rotator cuff pathology
Bear Hug Test	● With the patient's palm (of the arm/shoulder being tested) placed on the contralateral shoulder, and elbow anterior to the body, the patient will attempt to resist forced external rotation of the shoulder. ● Testing for internal rotation strength and subscapularis pathology
Yergason's Test	● Resisting active supination while the patient's Elbow is flexed to 90 degrees and forearm and wrist are in an initial pronated position, will cause pain along the bicipital groove ● Testing for bicipital tenosynovitis
Speed Test	● Forward flexing the shoulder against resistance with elbow extended and forearm supinated causes pain along the bicipital groove ● Testing for bicipital tenosynovitis
O'Brien's Test	● Forward flex the shoulder to 90 degrees with the elbow in full extension and the arm 10-15 degrees adducted medially from the sagittal plane. ○ Internally rotate the arm and apply a downward pressure. Pain elicited at this point could indicate injury to the labrum. ○ Supinate the arm (palm up) and apply downward pressure. Typical "labral pain" should be relieved.
Arm Squeeze Test	● With your thumb on the middle tricep and the remaining fingers wrapped around the bicep, compress the middle third of the upper arm 3 times and notice if there is a significant increase in the patient's pain. Compare this result with compression of the AC joint or the bicipital groove of the same arm. ● Positive test indicates the possibility of cervical nerve root compression vs. shoulder pathology.

Table 4: Dynamic Testing