Special Tests Physical Therapy

George J. Davies' Algorithm for Special Tests of the Shoulder Examination (2017)

ROTATOR CUFF IMPINGEMENT TESTS

TEST CATEGORY (ALGORITHM)	CRITIAL PATHWAYS/ CLUSTERS OF SIGNS AND SYMPTOMS/ CLINICAL DECISION MAKING	POSITION	SPECIAL TESTS	SENSITIVITY/ SPECIFICITY	TISSUES IMPLICATED	CLINICAL REASONING FOR TREATMENT
RTC IMPINGEMENTS	AGE: >40 Repetitive Overhead Activities Overuse of Arm in Unaccustomed Activities Complains of Pain in Lateral Aspect of Shoulder Complains of Night Pain Complains of Painful Arc Syndrome Painful Arc During AROM Compensatory Shoulder Shrug Sign	Sitting: F-180°	Neer Test	Sensitivity: .75-.89 Specificity: .09-.48	Supraspinatus LHB	Hypo-Primary RTC Impingement: Hypo-mobility Stretching TERT Modalities Ther Ex Surgery- Acromioplasty Hyper-Secondary RTC Impingement: Modalities Ther Ex Surgical Stabilization- Capsular Shift
		Sitting: Scaption to 90°	Hawkins-Kennedy Test	Sensitivity: .87-.92 Specificity: .25-.44	Supraspinatus	
		Sitting: F-90° IR	Coracoid Impingement		ANT. MED: LHB, Subscap LAT: Supraspinatus	
		Sitting: 90°F Horizontal ADD	Cross-Over QTest	Sensitivity: .92 Specificity: .25	MED: LHB, Subscap LAT: Supraspinatus SUP: AC Joint POST: Inf/Teres Minor or Post Capsule, INT IMP	

Positive Test Findings: Pain, Painful Arc, Grating/Crepitus, Weakness-Pain Inhibition

Special tests physical therapy are specific assessments conducted by physical therapists to evaluate a patient's functional ability, musculoskeletal system, and overall physical health. These tests play a crucial role in diagnosing injuries, understanding the severity of conditions, and developing effective treatment plans tailored to individual needs. In this article, we will explore the significance of special tests in physical therapy, the various types of tests, and how they assist in patient care.

Importance of Special Tests in Physical Therapy

Special tests are integral to the assessment process in physical therapy for several reasons:

1. Diagnosis Confirmation: They help confirm or rule out specific diagnoses, aiding in the identification of underlying issues that may not be apparent through patient history and observational examination alone.

2. Assessment of Functional Abilities: By evaluating how well a patient can perform certain movements or

withstand physical stress, therapists can better understand functional limitations and establish appropriate treatment goals.

3. Monitoring Progress: Special tests provide quantifiable data that can be used to track a patient's progress over time. This information helps therapists adjust treatment plans as needed.

4. Guiding Treatment Interventions: The results from these tests can influence the choice of modalities, exercises, and other therapeutic interventions, ensuring a more focused and effective rehabilitation process.

5. Patient Education: Special tests can also serve as a communication tool, helping to explain the patient's condition and the rationale behind specific treatment strategies.

Types of Special Tests

Special tests can be broadly categorized based on the body region being examined. Here are some common types of special tests used in physical therapy:

1. Upper Extremity Tests

- Neer Test: Assesses shoulder impingement by raising the arm in an overhead position while stabilizing the scapula.
- Hawkins-Kennedy Test: Evaluates for shoulder impingement through internal rotation of the arm.
- Lateral Epicondylitis Test (Cozen's Test): Determines the presence of tennis elbow by resisting extension of the wrist.
- Valgus Stress Test: Assesses the integrity of the ulnar collateral ligament of the elbow through a lateral force applied to the joint.

2. Lower Extremity Tests

- Anterior Drawer Test: Evaluates the stability of the anterior cruciate ligament (ACL) in the knee by pulling the tibia forward while stabilizing the femur.
- McMurray Test: Assesses for meniscal tears in the knee by rotating and flexing the joint while applying a valgus or varus stress.
- Thompson Test: Used for diagnosing Achilles tendon rupture by squeezing the calf and observing for plantar flexion of the foot.
- Faber Test (Patrick's Test): Evaluates hip joint function and sacroiliac joint dysfunction by positioning the leg in a figure-four position.

3. Spine Tests

- Straight Leg Raise Test: Assesses for lumbar nerve root irritation or herniated discs by lifting the leg while the patient is supine.
- Slump Test: Evaluates neural tension by placing the patient in a slumped position while extending the knee.
- Valsalva Maneuver: Checks for increased intrathoracic pressure, which may indicate a space-occupying lesion in the spinal canal.

4. Functional Tests

- Timed Up and Go (TUG) Test: Measures mobility and fall risk by timing how long it takes a patient to stand up from a chair, walk a short distance, turn around, and sit back down.
- Six-Minute Walk Test: Assesses endurance and functional capacity by measuring the distance a patient can walk in six minutes.
- Berg Balance Scale: Evaluates balance and stability through a series of tasks that assess a person's ability to maintain balance in various positions.

Conducting Special Tests

When performing special tests, physical therapists follow a systematic approach:

1. Preparation: Gather the necessary equipment, ensure the testing environment is safe, and explain the procedure to the patient to alleviate anxiety.

2. Patient Positioning: Position the patient appropriately to facilitate accurate testing while ensuring comfort and support.

3. Execution: Perform the test methodically, applying specific forces or movements as required. Pay attention to the patient's response, including any pain or discomfort.

4. Observation and Recording: Note the results, including any positive or negative findings, and document them accurately for future reference.

5. Interpretation: Analyze the results in the context of the patient's overall clinical picture, including history and other diagnostic findings.

Limitations and Considerations

While special tests are valuable, they are not without limitations:

- False Positives/Negatives: Some tests may yield false results, leading to incorrect diagnoses. Therefore, results should be interpreted alongside other clinical findings.

- Subjectivity: Some tests rely on patient feedback, which can be subjective. Therapists must consider the patient's pain tolerance and interpretation of sensations.

- Experience and Skill: The reliability of special tests can depend on the therapist's experience and skill level. Ongoing education and practice are essential for accurate assessments.

- Patient Factors: Conditions such as age, comorbidities, and psychological factors can influence test results and should be considered when evaluating a patient's condition.

Conclusion

Special tests in physical therapy are essential tools that aid in the diagnosis and treatment of various musculoskeletal conditions. By providing objective data and insights into a patient's functional abilities, these tests enable physical therapists to create effective, individualized treatment plans. Understanding the different types of special tests and their applications can enhance patient care and contribute to positive rehabilitation outcomes. As physical therapy continues to evolve, the integration of evidence-based practices and ongoing training will further enhance the effectiveness of special tests, ultimately benefiting patients in their journey to recovery.

Frequently Asked Questions

What are special tests in physical therapy?

Special tests in physical therapy are specific physical examinations designed to assess the integrity of structures, such as ligaments, muscles, and joints, and to help diagnose musculoskeletal conditions.

Why are special tests important in physical therapy assessments?

Special tests are important because they provide objective data that can help physical therapists confirm diagnoses, guide treatment plans, and evaluate patient progress over time.

Can special tests be used for all types of injuries?

While special tests are primarily used for musculoskeletal injuries, their applicability can vary; some tests are more relevant for certain conditions, and a thorough clinical assessment is necessary to choose the right tests.

How can patients prepare for special tests during a physical therapy session?

Patients can prepare by wearing comfortable clothing that allows for movement, being ready to discuss their symptoms in detail, and following any specific instructions given by their therapist prior to the session.

What are some common special tests used for knee injuries?

Common special tests for knee injuries include the Lachman test, Anterior Drawer test, and McMurray test, each designed to assess various ligamentous and meniscal injuries.

Are special tests painful for patients?

Special tests may cause discomfort, especially if the area being tested is injured, but they should not be excessively painful. Therapists aim to minimize discomfort while obtaining necessary information.

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