The validity and accuracy of clinical tests used to detect labral pathology of the shoulder - A systematic review

Introduction

This review evaluated the accuracy of six tests used to detect labral pathology. Differential diagnosis of the shoulder is problematic and symptoms of labral pathology such as:

- Pain on overhead activity
- Deep shoulder pain
- Painful catching and popping or clicking may necessitate further management outside the scope of physiotherapy.

Also the symptoms can make it difficult to differentiate from other shoulder pathologies such as impingement and AC joint arthritis.

SLAP (superior labral anterior posterior) lesions usually occur in the young overhead athlete but can occur from a sudden fall onto the outstretched hand which can lead to secondary symptoms of impingement.

Methods

Tests for labral pathology therefore need to be accurate in both general and athletic population.

The six tests identified for review were

- Biceps Load Test 1
- Biceps Load Test 2
- Internal Rotation Resistance Test
- Crank Test
- Kim Test
- Jerk Test.

Results

The study showed there is limited evidence to suggest that these tests are accurate in differentiating labral pathologies from other pathologies. The Biceps Load test 1 and 2, the IRRT, the Kim and the Jerk Test are the most accurate.

Considerations

However all studies came from specialist settings and by skilled examiners so there is a need for further evaluation to see whether these tests are as accurate when carried out by less skilled examiners. Also, some of the tests have not been so accurate in older age groups, as these patients are more likely to have co-existing pathologies such as rotator cuff pathology and gleno-humeral arthritis.

Conclusion

The Biceps Load test 1 and 2, the IRRT, the Kim and the Jerk Test are the most accurate in differentiating labral pathologies from other pathologies.