Upper Limb S.O.A.P. assessment help sheet

S – Subjective

Information the patient tells you.

- **Presenting complaint**: Onset, mechanism, location, character, severity, timing, aggravating/easing factors, associated symptoms
- **Functional impact**: Walking, stairs, work/sport limitations
- **Past medical history**: Previous injuries, surgeries, systemic conditions
- **Medications**: Analgesics, anti-inflammatories, anticoagulants
- **Social history**: Occupation, footwear, activity level
- **Goals / expectations**: Desired outcomes (e.g., pain relief, return to sport)

O – Objective

What you observe, measure, or test.

- **Observation:** Posture, swelling, deformity, muscle wasting, scars
- **Palpation**: Tenderness, temperature, swelling, crepitus, tone
- **Range of Motion**: Shoulder, elbow, wrist, hand – active and passive
- **Strength Testing**: Manual muscle testing (0–5 scale)
- **Special Tests**: See below
- **Functional Tests**: Grip strength, push/pull, overhead reach

Special Tests (Upper Limb)

Test	Purpose / Assessment	Brief Explanation
Neer's Test	Shoulder impingement	Passive forward flexion of arm; pain = impingement of supraspinatus tendon.
Hawkins-Kennedy	Shoulder impingement	Flex shoulder and elbow 90°, internally rotate; pain = impingement.
Empty Can Test	Supraspinatus strength	Abduct to 90°, thumb down, resist; weakness / pain = tear or tendinopathy.
Speed's Test	Biceps tendinopathy	Resist shoulder flexion with elbow extended; pain at bicipital groove = positive.
Cozen's Test	Lateral epicondylitis (tennis elbow)	Resist wrist extension; pain at lateral epicondyle = positive.
Mill's Test	Lateral epicondylitis	Passive wrist flexion with elbow extended; pain = positive.
Phalen's Test	Carpal tunnel syndrome	Flex wrists and hold 60 seconds; tingling in median nerve distribution = positive.

S.I.T.S.

Muscle	Function	Nerve
Supraspinatus	Initiates abduction	Suprascapular nerve
Infraspinatus	External rotation	Suprascapular nerve
Teres minor	External rotation	Axillary nerve
Subscapularis	Internal rotation	Upper and lower subscapular nerves

ROM – Range of Motion
MMT – Manual Muscle Testing

A – Assessment

- Summarise findings, likely diagnosis, severity, stage (acute / chronic), contributing factors, and functional limitations.

- Example: Findings suggest rotator cuff tendinopathy with reduced abduction strength and painful arc during elevation.

P – Plan

- **Immediate management:** RICE, pain control, activity modification
- **Rehabilitation**: ROM, strengthening, balance / proprioceptive control, posture correction
- **Education**: Injury explanation, activity modification, ergonomic advice, home exercise plan
- **Referrals**: Imaging or specialist as needed
- **Review**: Reassess and adjust plan