Scapula, Shoulder and Brachial Plexus Sample Questions.

Question 1. What bony landmark on the scapula is the reference point for scapular rotation? This landmark is also a key handling point for therapists to assist in scapular rotation during shoulder elevation and overhead movements.

1. Superior Angle
2. Vertebral Border
3. Spine of the scapula
4. **Inferior Angle**

Question 2: Scapula dyskinesis is defined as:

1. Scapula demonstrates premature or excessive elevation or protraction
2. Non-smooth stuttering motion during arm elevation or lowering
3. Rapid downward rotation during arm lower
4. **All of the above.**

Question 3: During scapula winging, the displacement pattern of the scapula is described as:

1. **Posterior displacement of the medial border and/or inferior angle of the scapula from the posterior thorax.**
2. Anterior displacement of the medial border and/or inferior angle of the scapula from the posterior thorax
3. Retraction displacement of the medial border and/or inferior angle of the scapula from the posterior thorax
4. Protraction displacement of the medial border and/or inferior angle of the scapula from the posterior thorax

Question 4: Which statement accurately describes scapulohumeral rhythm

1. The first 45 degrees of shoulder motion is at the glenoid humeral joint (scapula stays relatively stationary). Then after, for every 2 degrees of shoulder elevation, the scapula must upwardly rotation 1 degree.
2. The first 60 degrees of shoulder motion is at the glenoid humeral joint (scapula stays relatively stationary). Then after, for every 2 degrees of shoulder elevation, the scapula must upwardly rotation 1 degree.
3. The first 30 degrees of shoulder motion is at the glenoid humeral joint (scapula stays relatively stationary). Then after, for every 2 degrees of shoulder elevation, the scapula must upwardly rotation 2 degree.
4. **The first 30 degrees of shoulder motion is at the glenoid humeral joint (scapula stays relatively stationary). Then after, for every 2 degrees of shoulder elevation, the scapula must upwardly rotation 1 degree.**

Question 5: The following muscles contribute to shoulder internal rotation:

1. **Subscapularis, Latissimus Dorsi, Teres Major, Pectoralis Major, Anterior Deltoid, and Coracobrachialis.**
2. Supraspinatus, Latissimus Dorsi, Teres Major, Pectoralis Major, Anterior Deltoid, and Bicep brachii
3. Subscapularis, Latissimus Dorsi, Teres Minor, Pectoralis Major, Middle Deltoid, and Coracobrachialis.
4. Subscapularis, Serratus Anterior, Teres Major, Pectoralis Major, Posterior Deltoid, and Coracobrachialis.

Question 6: What position may the client’s shoulder be in that will promote potential compression of the structures in the subacromial space?

1. **Shoulder anterior displacement, internal rotation, adduction and scapula elevation with protraction**
2. Shoulder posterior displacement, external rotation, abduction, scapula depression with retraction
3. Shoulder in neutral glenoid humeral alignment, external rotation, abduction, scapula depression and retraction
4. None of the above

Question 7: Which rotator cuff tendon is 80-90% likely to be torn in rotator cuff pathologies?

1. **Supraspinatus**
2. Infraspinatus
3. Subscapularis
4. Teres Major

Question 8: A patient with a C6 complete spinal lesion, may be able to perform the following skills in a slideboard transfer:

1. Actively extend the wrist to hook underneath the wheelchair’s armrest in attempt to adduction their shoulder to assist in sliding across the slideboard to the wheelchair.
2. Use their arms in a weight-bearing position to help lift and slide their lower body across the slideboard
3. **Abduct their arm approximately 30degs to hook the upper portion of their arm in then use horizontal adduction to assist in pulling body across the slideboard to the wheelchair**
4. None of these movements are possible

Question 9: Supraspinatus entrapement may cause weakness in the following muscles

1. Infraspinatus and subscapularis
2. **Supraspinatus and Infraspinatus**
3. Teres minor and supraspinatus
4. Supraspinatus and Upper trapezius

Question 10: Compression of the long thoracic nerve may have the following clinical presentation

1. **Winging of the scapula and decreased shoulder active motion**
2. Winging of the scapula and hypermobility of the shoulder in elevation
3. Scapula is protracted against the thoracic wall but downwardly rotates during shoulder elevation
4. None of the following are correct clinical presentations