

Educational Resources in International Languages

肩关节检查

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肩关节检查

肩关节实际上是一个复杂关节,由三个主要关节组成:包括肩锁关节、胸锁关节和盂肱关节。它也是由肩袖肌群组成来保持完整性,即:冈上肌、肩胛下肌、冈下肌和小圆肌。三角肌和肱二头肌在肩关节中起着与肩胛骨和锁骨一样的关键作用。观察,触摸,移动所有的关节,同时比较两侧的肩关节活动有无差异。征求患者的同意。

向患者告知并解释接下来的诊疗方法和步骤。

望诊:

进行以下肩关节常规检查是非常重要的,从正面,侧方,背面观察:

- 有无伤疤
- 有无非正常凹陷
- 有无红斑
- 关节和肌肉不对称
- 异常姿势

触诊:

从不同角度触摸胸锁关节、锁骨、喙突、肩锁关节以及盂肱关节。

触摸肩胛骨脊柱,肩胛骨边缘以及周边肌肉。

触诊患者,查看是否有压痛感,感受体表温度,以及不规则部位,比如骨折。

动诊:

观察肩关节的活动情况是检查中最重要的部分,因为它可以评估以下功能:

通常来说,在进行肩关节的动诊时,最好由患者在不借助外力的帮助下完成检查者的各项指令。

首先,前屈一上举后伸检查。请患者大拇指朝上,从前面一边向上移动手臂,越过头顶 ,然后向下移到后背。

其次,外展一上举检查。请患者抬起手臂,从体侧一边越过头部,然后直接在胸前移动 胳膊来进行内收检查。

内旋检查。如图所示,请患者把胳膊放在背后,拇指向上。

最后,进行外旋检查。请患者把手臂放在脑后,然后向后推动胳膊肘。 在这里,主体有一个正常范围内的主动运动,如果没有,则需进行被动范围内的检查。 正常范围运动:

- 前屈一上举 -180度
- 水平后伸 -50度
- 外展-上举 -180度
- 内收-45度
- 外旋-90度
- 内旋-90度

特殊检查:

针对肩关节有一些特殊检查

针对翼状肩胛骨的合适的检查方法是请患者用双手手掌按压墙壁。

如果胸长神经损伤,可以看出肩胛骨从背后突出。

请患者依次用手触摸对侧肩膀来测试肩锁关节的完整性。

如果旋转肌群有缺陷,则有需要进行阻力运动测试。

虽然有大量的测试,但需了解并记住每个旋转肌群的至少一种检测方法:

- 0度外展抗阻试验来检查冈上肌。
- 冈下肌的 完整性是由肩外旋抗阻运动来进行测试。患者应该把胳膊固定在靠近体侧的90度,检查者则应用手来支撑患者的胳膊,另一位检查者向患者施加压力,阻止前臂推出。
- 内旋抗阻测试用来检查肩胛下肌。戈伯背后举起检查(Goebers lift off test)是另一种检查方法。.

90度弯曲前臂抗阻旋后用来测试肱二头肌长头腱。

最后,通过轻触测试来评估三角肌侧部是否有麻木感。如果麻木感存在,这可能是肩关节前脱臼引起的腋下神经受损的信号。



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