(a) **Neer's Impingement test.** The examiner stabilises the scapula while elevating the shoulder in the scapular plane. Impingement is considered to be present if pain is elicited in the arc from 70° to 120°.

(b) **Hawkins–Kennedy test.** The shoulder is placed in 90° of forward flexion with the elbow flexed to a right-angle. The shoulder is then internally rotated. The test is positive if this manoeuvre reproduces the patient's pain.

(c) **Lift-off test.** This is to test the integrity and function of the subscapularis muscle. The arm is completely rotated internally and placed behind the back with the elbow flexed. The patient is then asked to lift the hand off the back against resistance. Inability to lift off the hand indicates weakness or rupture of subscapularis.

(d) **Belly-press test.** This is an alternative to the lift-off test if the patient cannot fully internally rotate the shoulder. The patient is asked to push on their belly while keeping their elbow pushed forwards (L of figure). If subscapularis is weak, pressure on the belly can only be maintained by moving the elbow backwards and flexing the wrist (R of figure).

(e) **Infraspinatus test.** To test the function of infraspinatus, the patient is required to hold the arm against the body with the elbow flexed, and then externally rotate the shoulder against resistance. Inability to externally rotate indicates weakness or rupture of infraspinatus.

(f) **Jobe's supraspinatus test.** To test supraspinatus, the arm is abducted to 90° in the scapular plane. The patient is then asked to resist downward pressure exerted by the examiner. Inability to maintain position of the arm indicates weakness of supraspinatus.

**FIGURE 3.** Clinical tests for Impingement and integrity of the rotator cuff.