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Prevalence and association of six clinical subacromial impingement tests and diagnosis.

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Purpose: The purpose of this study was to evaluate six clinical subacromial impingement (SI) tests and their prevalence and association with identified working diagnosis of subacromial impingement. **Methods**: The sample originally included 105 patients with shoulder complaints but was reduced to 76 with a primary or secondary working diagnosis of SI; given by 1-10 chiropractors who performed a comprehensive history and examination. The sample of patients came from a 1 yr study of shoulder complaints that presented to this facility. The six clinical subacromial tests used for association with a working diagnosis were the following: Neer's Impingment Test (NIT), Hawkins' Impingement Test (HIT), Clancy's Impingement Test (CIT), Feder's (internal rotation with full scaption) Impingement Test (FIT), Ellman's Compression-Rotation Test (ECRT), and Dawbarn's Test (DT). Each case was reviewed for an indicative subacromial impingement finding(s) and recorded. **Results:** The working diagnosis of SI and association to a clinical subacromial test was as follows: NIT, 66% of the cases; HIT, 64% of the cases; CIT 68% of the cases; FIT 68% of the cases; ECRT 26% of the cases; and DT, 35% of the cases. All of the cases that were identified with a working diagnosis of SI had at least one SI test. **Conclusion**: FIT, CIT, NIT, and HIT had the highest percentage of accuracy with the working diagnosis of SI syndrome. DT performed poorly as a SI clinical test. ECRT was included in the study for association with SI, and is used for identifying a degenerative glenohumeral joint in clinical evaluation. Including several of the clinical SI tests in an examination is crucial in deriving a working diagnosis of SI because of the fact that none of the SI tests performed above 70%.

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