

been advocated by Jobe and Bradley (1989) and has been found to produce high levels of supraspinatus muscular activation using indwelling EMG (Malanga et al. 1996).



VIDEO 5 demonstrates the supraspinatus (empty can) manual muscle test.

Infraspinatus

Kelly and colleagues (1996) reported that the optimal position to test for infraspinatus strength is with the patient in a seated position, with 0° of glenohumeral joint elevation and in 45° of IR from neutral as pictured in figure 3.10. An alternative position for testing the infraspinatus has been recommended



Figure 3.10 Infraspinatus manual muscle test.



VIDEO 6 demonstrates the infraspinatus manual muscle test.

by Jenp and colleagues (1996). They recommend testing the infraspinatus in 90° of elevation in the sagittal plane, with the arm in half-maximal ER. Research published by Kurokawa and colleagues (2014) supported the recommendation by Kelly and colleagues (1996) using positron emission tomography. They found the infraspinatus most active during ER at 0° of abduction.

Teres Minor

Kelly and associates (1996) did not specifically report on the teres minor muscle; however, use of the Patte test to best isolate the teres minor has been recommended by both Walch and colleagues (1998) and Leroux and colleagues (1994). The position of the glenohumeral joint for the Patte test to isolate the teres minor has been reported as 90° of glenohumeral joint abduction in the scapular plane and 90° of ER (figure 3.11)



Figure 3.11 ER strength testing at 90 degrees abduction (teres minor).



VIDEO 7 demonstrates ER strength testing at 90 degrees abduction (teres minor).