

Employee: \_\_\_\_\_ Z#: \_\_\_\_\_  
Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

# Glovebox Worker Screen

## Shoulder

Palpation: \_\_\_\_\_

### Rotator Cuff Tendonitis

**Internal Rotation**  YES  NO Comments: \_\_\_\_\_

**External Rotation**  YES  NO Comments: \_\_\_\_\_

**Empty Can Test**  YES  NO Comments: \_\_\_\_\_

### Impingement Syndrome

**Neer's Test**  YES  NO Comments: \_\_\_\_\_

**Hawkins Test**  YES  NO Comments: \_\_\_\_\_

## Elbow

Palpation: \_\_\_\_\_

### Elbow Tendonitis

**Resisted Wrist Flexion**  YES  NO Comments: \_\_\_\_\_

**Resisted Wrist Extension**  YES  NO Comments: \_\_\_\_\_

## Wrist

Palpation: \_\_\_\_\_

### Carpal Tunnel Syndrome

**Tinel's Sign**  YES  NO Comments: \_\_\_\_\_

**Phalen's Test**  YES  NO Comments: \_\_\_\_\_

## Thumb

Palpation: \_\_\_\_\_

### De Quervain's Syndrome

**Finkelstein's test**  YES  NO Comments: \_\_\_\_\_

## Exams

The **Empty Can Test** is done by abducting the patient's arm to 90 degrees and angling the arm forward 30 degrees at the shoulder joint, internally rotating the arm at the shoulder as if pouring a can on the floor, and resisting the patient in abduction from this position and assessing for weakness or pain. The test is positive if there is significant pain or weakness on resistance.

The **Neer test** is done by placing the arm in forced forward flexion (arm lifted overhead) with the arm fully pronated.

The **Hawkins test** is done by elevating (flexing the shoulder) the arm to 90°, flexing the elbow 90°, and then forcibly rotating the shoulder internally

The **Glofer's Elbow test** is done with the athlete sitting or standing and making a fist with the involved side. The examiner faces the athlete and palpates along the medial epicondyle with one hand and grasps the athlete's wrist with the other hand. The examiner then passively supinates the forearm and extends the elbow, wrist and fingers. Pain is indicative of medial epicondylitis.

The **Cozen's test** is done with the patient's elbow flexed 90°, forearm fully pronated, and fingers clenched to form a fist. The examiner cups one hand under the elbow, supporting the arm, and palpating the lateral epicondyle, the other hand is placed over the wrist to resist wrist extension and radial deviation. Pain is indicative of lateral epicondylitis.

The **Tinel's Sign test** is performed by tapping the median nerve along its course in the wrist. Worsening of the tingling in the fingers when the nerve is tapped is indicative of Carpal Tunnel Syndrome.

The **Phalen's test** is done by pushing the backs of the hands together for one minute. Worsening of the tingling in the fingers when the nerve is tapped is indicative of Carpal Tunnel Syndrome.

The **Finkelstein's test** is performed by grasping the thumb and forcing the hand into sharp ulnar deviation. Sharp pain along the distal radius is indicative of De Quervain's Syndrome.

The **Eichhoff's test** is done by placing the thumb in the palm of the hand and holding it with the fingers, the hand is then ulnar deviated. Pain over the radial styloid (which subsides with the release of the thumb) is indicative of De Quervain's Syndrome.