AP

PRIMARY CARE SHOW 2026 · NEC BIRMINGHAM

Upper Limb Examination *for the Busy GP*

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Scan to follow along

The full framework, and the printable handout

THE APPROACH

Examine the region the patient points to — but screen the whole patient first.

Symptom location is not compression location.

1

Patients present by region — “my shoulder hurts,” “my fingers tingle.”

2

Every region has a headline diagnosis — and a nerve that imitates it.

3

Red flags don’t respect anatomy. That is why we screen first.

BEFORE YOU REGIONALISE

The universal screen

Run it on everyone — about thirty seconds.

HISTORY — TWO QUESTIONS

- “How long — and is it getting worse?”
- “Did it start after an illness, a vaccine, or sudden severe arm pain?”

LOOK — HEAD TO HAND

- Gait
- Face — ptosis, miosis
- Wasting — deltoid, thenar, FDI
- Fasciculations
- Scapular winging

HOFFMANN’S — THE CORD

- Flick the middle fingernail — both sides
- Then ask: “handwriting, buttons, balance?”

Anything positive → stop. Refer urgently — myelopathy, Pancoast, MND, brachial neuritis. The region is irrelevant.

THE TECHNIQUE EVERY REGION USES

Grade strength in three states

M5

Equal both sides

No motor flag — both sides match.

M4

Gives slightly, still resists

Subtle weakness — the compression zone.

≤M3

Easily overcome, or gravity only

Frank weakness — refer this week.

Always: compare sides · push firmly · watch the face — wincing is pain, not weakness · test for fatigue on repeat.

01 Shoulder

“My shoulder hurts. I can’t lift my arm. It aches all night.”

COMMON DIAGNOSES

- **Frozen shoulder**
  Passive external rotation restricted — a cuff problem keeps it
- **Rotator cuff / impingement**
  Painful arc 60–120° and Hawkins–Kennedy; weakness means a tear
- **AC joint**
  One-finger tenderness on the joint, with a positive scarf test

THE NERVE THAT MIMICS IT

C5 root

Weak deltoid and biceps, with sensory loss over the lateral arm. Shoulder pain plus weakness that doesn’t fit the cuff → screen the neck.

DON’T MISS

Severe pain that eased as weakness appeared → brachial neuritis.
Scapular pain with Horner’s in a smoker → Pancoast.

REGION 01 · SHOULDER

What to take away

1 Frozen shoulder is lost passive external rotation. A cuff problem keeps that range.

2 Weakness that doesn’t fit a cuff pattern means you screen the neck — think C5.

3 Severe pain then weakness, or Horner’s in a smoker — refer; don’t treat it as mechanical.

02 Elbow

“It hurts on the outside — or the inside. It hurts to grip.”

COMMON DIAGNOSES

- **Tennis elbow**
  Maudsley’s positive, tender over the lateral epicondyle
- **Golfer’s elbow**
  Resisted wrist flexion, elbow extended; medial epicondyle
- **Olecranon bursitis**
  Swelling over the olecranon — hot and tender means septic

THE NERVE THAT MIMICS IT

Three nerves

Lateral → radial tunnel. Medial → cubital tunnel; golfer’s elbow doesn’t tingle. Volar → lacertus syndrome — no night waking. Do the ECU test before you inject.

DON’T MISS

Sudden pain on lifting, a Popeye deformity and a palpable gap → distal biceps rupture. Refer within days.

REGION 02 · ELBOW

What to take away

1. Do the ECU test before you inject a tennis elbow.

2. Medial pain that tingles isn’t golfer’s elbow — it’s the ulnar nerve at the cubital tunnel.

3. Lacertus syndrome: volar forearm aching, weak FPL and FCR, and no night waking.

4. Sudden pain lifting, a Popeye and a gap → distal biceps rupture; refer within days.

03 Wrist

“My wrist hurts. My fingers tingle at night. There’s a lump.”

COMMON DIAGNOSES

- **De Quervain’s**
  Finkelstein’s (Eichhoff’s) test; first dorsal compartment
- **Carpal tunnel syndrome**
  Nocturnal tingling in the median fingers — test APB
- **Ganglion**
  A smooth swelling that transilluminates — reassure

THE NERVE THAT MIMICS IT

The whole median nerve

Don’t anchor at the wrist. Screen the neck (C6), the elbow (lacertus) and the forearm (AIN). Confirm it is median by testing APB.

DON’T MISS

Snuffbox tenderness after a fall on the hand → scaphoid fracture until proven otherwise.

What to take away

1. Think carpal tunnel → examine the whole median nerve, neck to palm, and confirm with APB.

2. A squared thumb base with normal APB is osteoarthritis, not a nerve.

3. Snuffbox tenderness after a fall is a scaphoid fracture until proven otherwise.

04 Hand & Thumb

“My thumb hurts at the base. My finger catches. It won’t straighten.”

COMMON DIAGNOSES

- **Base-of-thumb (CMC) OA**
  Squared base and a positive grind test — test APB
- **Trigger finger**
  A nodule at the A1 pulley with catching or locking
- **Dupuytren’s**
  Palpable cords; a positive Hueston tabletop test
- **Mallet finger**
  DIP joint droops, no active extension — splint within 4 weeks

THE NERVE THAT MIMICS IT

The ulnar nerve

Where numbness is felt is not where the nerve is trapped. Dorsal ulnar hand affected = cubital tunnel; spared = Guyon’s canal at the wrist.

DON’T MISS

A fight bite over a knuckle, or Kanavel’s signs of flexor sheath infection → a surgical emergency.

What to take away

1. Where numbness is felt is not where the nerve is trapped — the dorsal ulnar hand localises it.

2. Base-of-thumb OA mimics carpal tunnel — test APB to tell them apart.

3. Mallet finger: splint it within four weeks.

4. A fight bite or flexor sheath infection is a surgical emergency.

THE OUTPUT

The referral letter — name the pattern

RED — URGENT

A universal-screen flag, or frank weakness. Refer urgently and bypass routine triage.

YELLOW — DIRECT

A nerve mimic, or subtle weakness. Send directly to the right specialist.

GREEN — ROUTINE

A clear regional diagnosis with no flags. MSK pathway, with the diagnosis named.

The skill: name the region, the pattern, and the nerve if one is involved.

AP

ONE IDEA TO CARRY OUT

Screen the whole patient.
Examine the region.
Know the nerve that mimics it.

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