S: Athlete c/o pain in her R shoulder. Pain began \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Pain is present as her arm is lifted above her head. Pain is described as dull and achy at a 4/10 but increases to a 6/10 as arm is lifted all the way up. Athlete experienced a grade 1 sprain to her L shoulder the previous season. Current pain is described as “similar” to previous shoulder injury.

O: No swelling or obvious deformities are present. No abnormalities were present upon palpation but PTP over the AC joint. Athlete has full AROM w/ pain present w/ >900 shoulder abduction and forward flexion. Pain is elicited w/ PROM at the end ranges of shoulder abduction, forward flexion, and extension. RROM: shoulder abduction- 4/5 bilaterally w/ slight pain; shoulder extension- 4/5 bilaterally; forward flexion- 4/5 w/ slight pain. Special Tests: spring test (-), load and shift (-), sulcus sign (-), Obrien’s (-), Hawkin’s Kennedy (+) for discomfort, compression (+) for pain when compression is applied over the AC joint.

A: WD: grade 1 AC sprain. DD: Labral pathology, GH capsular pathology, supraspinatus strain, deltoid strain, AC sprain.

P: Apply supportive McConnell taping over AC joint during practice. Continue to monitor athlete during activities for worsening symptoms. Add additional padding and wrapping if needed. Begin strengthening and ROM exercises. If symptoms do not improve, refer to MD.

\_Austin Gray\_