#1 – TRAPEZIUS, UPPER

Testing Position
The patient sits with elevated shoulder and laterally flexed neck and head, with rotation of the head slightly away from the side being tested. The patient should not be allowed to bring the ear and shoulder into such close approximation so that the upper trapezius is in a shortened, locked position.

Test
The therapist places one hand on the shoulder and the other hand on the head, directing force to reduce the approximation of the head and the shoulder.
Testing Position
Have the patient in prone with the elbow extended, the shoulder in 90° of abduction and thumb toward the ceiling. The extreme lateral rotation is essential to place the middle trapezius in the ideal position for this test.

Test
The therapist places their hand on the arm and pushes the arm toward the floor. The point of contact varies depending on how much leverage the tester wants. The tester should look for good glenohumeral fixation. The test is of abduction of the scapula from the spine and must either be observed or palpated. Many testers fail to observe for the abduction of the scapula, and list the middle trapezius as weak because the arm fails to resist the testing pressure. The failure may be due to inadequate glenohumeral fixation.
Testing Position
Place patient in the prone position, elbow extended, thumb toward the ceiling, and diagonally overhead. The arm is abducted approximately 150°.

Test
The therapist directs pressure on the arm toward the floor. The point of contact varies depending on how much leverage the tester wants. There should be no glenohumeral or elbow movement. The test is for abduction and elevation of the scapula from the spine. This must either be observed or palpated.
Testing Position
The patient's arm is brought to approximately 100°-130° of flexion with slight abduction. This brings the inferior angle of the scapula into abduction and the glenoid fossa into superior rotation.

Test
Pressure is directed on the humerus, or at the wrist, depending upon the amount of leverage the tester wishes to use. Care must be taken to avoid any glenohumeral movement. The therapist's other hand is placed on the inferior lateral border of the scapula, and attempting to medially rotate the inferior angle while applying pressure to the arm in a downward in the direction of extension and adduction.
Testing Position
The patient is seated with elbow flexed, and the spine laterally flexed toward the same side. The elbow should be in contact with the iliac crest. The humerus is in adduction and slight extension. The patient then superiorly elevates and adducts the superior vertebral border of the scapula. This motion places the Rhomboids at a disadvantage.

Test
The therapist attempts to pull the elbow into abduction, while observing for inferior rotation of the superior angle of the scapula.
Testing Position
While seated, the patient adducts and elevates the scapula on the side to be tested.

Test
The therapist takes hold of the elbow, and attempts to abduct the elbow. The tester observes for abduction of the scapula from the spine. This indicates Rhomboid weakness.