Mid Atlantic Regional Chapter
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Stuck from the Start: A Case of Decreased Shoulder Range of Motion in Strength Training

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HISTORY
A 23-year-old male presents to clinic for evaluation of chronic, decreased range of motion of his right shoulder. He has had this, since as far back as he can remember, and it has become problematic as he has recently started to lift weights. Other than decreased ROM, he only has pain when lifting a weight bar overhead. He has not been previously evaluated for this problem and has not tried any treatments. Denies numbness or tingling. Denies a history of previous shoulder dislocation, popping, or locking sensations. His birth history is notable for NSVD complicated by shoulder dystocia and subsequent Erb's palsy.

PHYSICAL EXAMINATION
MSK right shoulder exam: No overlying edema, ecchymosis or erythema. There is no tenderness with palpation. Range of motion testing demonstrates full flexion, extension, abduction and internal rotation. External rotation restriction to 30 degrees. With abduction at 90 degrees, external rotation to 80 degrees. Strength testing 5/5 for supraspinatus, infraspinatus/teres minor and subscapularis. Negative Neer's test for impingement. Negative apprehension and O'Brien's testing. Sensation intact to light touch. Radial pulse 2+

DIFFERENTIAL DIAGNOSIS
1. Adhesive capsulitis
2. Rotator cuff tendinopathy
3. Brachial plexopathy
4. Osteochondritis dissecans of humeral head
5. Os acromiale

TEST AND RESULTS
Radiographs of the right shoulder demonstrate osseous convexity of the inferior glenoid.

FINAL DIAGNOSIS
Glenoid dysplasia secondary to Erb's palsy

TREATMENT

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Conservative management with physical therapy was initiated to preserve current range of motion since there was minimal functional deficit.