

### Test Example Answers for Chapter 3

	Count of <b>Positive</b> Criterion Tests	Count of <b>Negative</b> Criterion Tests	Totals
Count of <b>Positive</b> Index Tests	10	6	16
Count of <b>Negative</b> Index Tests	3	45	48
Totals	13	51	64

*Table 1.3.13. Test Example 1: Prevalence*

Prevalence:  $13 \div 64 = 0.2031$  or **20.31%**

	Count of <b>Positive</b> Criterion Tests	Count of <b>Negative</b> Criterion Tests	Totals
Count of <b>Positive</b> Index Tests	23	18	41
Count of <b>Negative</b> Index Tests	4	31	35
Totals	27	49	76

*Table 1.3.14. Test Example 2: Sensitivity*

Prevalence:  $27 \div 76 = 0.3553$  or 35.53%

Sensitivity:  $23 \div 27 = 0.8519$  or **85.19%**

	Count of <b>Positive</b> Criterion Tests	Count of <b>Negative</b> Criterion Tests	Totals
Count of <b>Positive</b> Index Tests	23	18	41
Count of <b>Negative</b> Index Tests	4	31	35
Totals	27	49	76

*Table 1.3.15. Test Example 3: Specificity*

Prevalence:  $27 \div 76 = 0.3553$  or 35.53%

Specificity:  $31 \div 49 = 0.6327$  or **63.27%**

	Count of <b>Positive</b> Criterion Tests	Count of <b>Negative</b> Criterion Tests	Totals
Count of <b>Positive</b> Index Tests	23	18	41
Count of <b>Negative</b> Index Tests	4	31	35
Totals	27	49	76

*Table 1.3. 16. Test Example 4: The Predictive Values*

Positive Predictive Value (PPV):  $23 \div 31 = 0.561$  or **56.1%**

Negative Predictive Value (NPV):  $31 \div 35 = 0.8857$  or **88.57%**

Clinical Diagnostic Conclusions		
Pattern Recognition		
<b>Positive Specific tests</b>	Anterior Apprehension/Relocation test (positive for pain)[1]	
<b>Subtracted diagnoses</b>	Red Flag conditions	None
	Radicular syndromes	Cervical radiculopathy was excluded based on experience only.
	Cervical facetogenic pain	Excluded. Pain pattern is incompatible. [2] Full range of motion with no reproduction of symptoms.
	Cervical discogenic pain	Excluded[3]. Full range of motion with no reproduction of symptoms.
	Acromioclavicular joint pain	Painful limitation to adduction (although difficult to interpret in the context of a globally 'stiff' shoulder). Pain pattern is more consistent with subacromial pain. [4]
	Glenohumeral joint pain	Cannot be ruled out. Positive anterior apprehension/relocation test (for pain)
	Subacromial or rotator cuff pain	Cannot be ruled out. Painful weakness with resisted external rotation[5,6]
	Referred pain to the shoulder	No clinical evidence of cervical spine or visceral pathology.

Figure 3.22.12 Template for diagnostic clinical reasoning (Fill in the form)

<b>Clinical Diagnostic Conclusions</b>	
<b>Pattern Recognition</b>	
<b>Positive Specific tests</b>	Anterior Apprehension/Relocation test (positive for pain)[1]
<b>Subtracted diagnoses</b>	Red Flag conditions
	None
	Cervical radiculopathy was excluded based on experience only.
	Excluded. Pain pattern is incompatible. [2]
	Full range of motion with no reproduction of symptoms.
	Excluded[3]. Full range of motion with no reproduction of symptoms.
	Painful limitation to adduction (although difficult to interpret in the context of a globally 'stiff' shoulder). Pain pattern is more consistent with subacromial pain. [4]
	Cannot be ruled out.
	Positive anterior apprehension/relocation test (for pain)
	Cannot be ruled out. Painful weakness with resisted external rotation[5,6]
	No clinical evidence of cervical spine or visceral pathology.
	Subacromial or rotator cuff pain
	Referred pain to the shoulder

Figure 3.23. 12 Template for diagnostic clinical reasoning (Fill in the form)

Clinical Diagnostic Conclusions		
Pattern Recognition		
<b>Positive Specific tests</b>	Anterior Apprehension/Relocation test (positive for pain)[1]	
<b>Subtracted diagnoses</b>	Red Flag conditions	None
	Radicular syndromes	Cervical radiculopathy was excluded based on experience only.
	Cervical facetogenic pain	Excluded. Pain pattern is incompatible. [2] Full range of motion with no reproduction of symptoms.
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	Acromioclavicular joint pain	Painful limitation to adduction (although difficult to interpret in the context of a globally 'stiff' shoulder). Pain pattern is more consistent with subacromial pain. [4]
	Glenohumeral joint pain	Cannot be ruled out.
		Positive anterior apprehension/relocation test (for pain)
	Subacromial or rotator cuff pain	Cannot be ruled out. Painful weakness with resisted external rotation[5,6]
	Referred pain to the shoulder	No clinical evidence of cervical spine or visceral pathology.

Figure 3.24. 12 Template for diagnostic clinical reasoning (Fill in the form)

Clinical Diagnostic Conclusions		
Pattern Recognition		
<b>Positive Specific tests</b>	Anterior Apprehension/Relocation test (positive for pain)[1]	
<b>Subtracted diagnoses</b>	Red Flag conditions	None
	Radicular syndromes	Cervical radiculopathy was excluded based on experience only.
	Cervical facetogenic pain	Excluded. Pain pattern is incompatible. [2]
	Cervical discogenic pain	Full range of motion with no reproduction of symptoms.
	Acromioclavicular joint pain	Excluded[3]. Full range of motion with no reproduction of symptoms.
	Glenohumeral joint pain	Painful limitation to adduction (although difficult to interpret in the context of a globally 'stiff' shoulder). Pain pattern is more consistent with subacromial pain. [4]
	Subacromial or rotator cuff pain	Cannot be ruled out. Positive anterior apprehension/relocation test (for pain)
	Referred pain to the shoulder	Cannot be ruled out. Painful weakness with resisted external rotation[5,6] No clinical evidence of cervical spine or visceral pathology.

Figure 3.25. 12 Template for diagnostic clinical reasoning (Fill in the form)

Clinical Diagnostic Conclusions		
Pattern Recognition		
<b>Positive Specific tests</b>	Anterior Apprehension/Relocation test (positive for pain)[1]	
<b>Subtracted diagnoses</b>	Red Flag conditions	None
	Radicular syndromes	Cervical radiculopathy was excluded based on experience only.
	Cervical facetogenic pain	Excluded. Pain pattern is incompatible. [2] Full range of motion with no reproduction of symptoms.
	Cervical discogenic pain	Excluded[3]. Full range of motion with no reproduction of symptoms.
	Acromioclavicular joint pain	Painful limitation to adduction (although difficult to interpret in the context of a globally 'stiff' shoulder). Pain pattern is more consistent with subacromial pain. [4]
	Glenohumeral joint pain	Cannot be ruled out.
		Positive anterior apprehension/relocation test (for pain)
	Subacromial or rotator cuff pain	Cannot be ruled out. Painful weakness with resisted external rotation[5,6]
	Referred pain to the shoulder	No clinical evidence of cervical spine or visceral pathology.

Figure 3.26.12 Template for diagnostic clinical reasoning (Fill in the form)